Minneapolis VA Health Care System – Psychology Postdoctoral Training Programs
Online Brochure

FIGURE 1 MINNEAPOLIS VA MEDICAL CENTER

The Training Setting

The Minneapolis Veterans Affairs Health Care System (MVAHCS) is an affiliated teaching facility located in the Minneapolis-St. Paul metropolitan area. As a "flagship" medical center, we provide a full range of patient care services with state-of-the-art technology, as well as education and research.

Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. The Minneapolis VAHCS serves as one of five officially designated Polytrauma VA Medical Centers receiving and treating active-duty service members and Veterans with multiple traumatic injuries such as brain injury, blindness, and amputation sustained in the course of the current conflicts in Afghanistan and Iraq. In 2009, a $20 million Spinal Cord Injury/Disorder (SCI/D) Center was opened. The 65,000-square-foot center provides acute rehabilitation, primary care and sustaining care for Veterans with spinal cord injuries and disorders. Additionally, this medical center is one of eight in the VA system that houses a Women Veterans Comprehensive Health Center and the first VA to provide mammography for female veterans. Over 3,000 women are seen in this medical center annually. The Minneapolis VA Medical Center has a current inpatient capacity of 279 acute care and 104 extended care beds.

The Research Service located in the medical center is one of the largest and most active research programs in the VA system. Currently, there are 179 scientists and investigators conducting research projects with over $30 million in research funding. These researchers publish hundreds of papers, abstracts and book chapters on the most cutting-edge research projects. In addition, the MVAHCS houses several research centers of excellence bringing together multidisciplinary teams of investigators. The Center for Care Delivery Outcome Research, a VA Health Services Research & Development (HSR&D) Center of Excellence, focuses on conducting health services research intended to improve the health care of Veterans with an emphasis on post-deployment health issues such as post-traumatic stress disorder (PTSD), polytrauma and blast-related injuries, and substance use disorders. The Minneapolis Geriatric Research, Education, and Clinical Center (GRECC) focuses on studying the aging brain with an emphasis on Alzheimer's Disease, conducting studies from basic science (molecular and cellular biology and brain functions) to clinical and health services (caregiving and the Alzheimer's patient). In collaboration with the University of Minnesota, the Brain Sciences Center focuses on using magnetoencephalography to study mechanisms underlying the brain activity across a range of areas including cognitive function, memory and learning, PTSD, alcoholism, schizophrenia, and Alzheimer's disease.

The Presence of Psychology

The MVAHCS Psychology staff currently consists of over 80 doctoral psychologists, many whom hold academic appointments at the University of Minnesota and are involved in training. Each psychologist works in one or more of the specialized treatment units and acts as a member of a multidisciplinary treatment team and/or as a consultant to programs within that setting. The Psychology staff is comprised of individuals who are committed to respectful and competent care, with a diversity of cultural backgrounds and competencies, interests, theories, and techniques in psychology and work in widely varied programs with different kinds of patients. In addition, the Psychology staff embraces the scientist-practitioner model with many psychologists involved in scholarly activity and conducting cutting edge funded research as clinician investigators. We train eight interns yearly – six are in our general psychology track and two in the Neuropsychology track. There are also six postdoctoral residents: three in clinical psychology with focus areas in Serious Mental Illness, Trauma, and Mental Health/Primary Care; two in the specialty of Clinical Neuropsychology; and one in the specialty of Rehabilitation Psychology. Four psychology technicians and three clerical positions complete the staffing.

The following link will open **abbreviated vitas** for all psychology staff.

Program Tables – Admissions, Support, and Placement Data

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the **Clinical Psychology Program.**

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 1/10/23

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The Minneapolis VA Health Care System in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application. Selection Process	

Describe any other required minimum criteria used to screen applicants:	
Applicants must meet the following prerequisites to be considered for our postdoctoral training program: 1. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency 2. Completion of an APA-accredited psychology internship program 3. U.S. citizenship. 4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen. 5. Male applicants born after 12/31/1959 must have registered for the draft by age 26 *** Failure to meet these qualifications could nullify an offer to an applicant.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	56,163
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	10
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=3, EP=1
Community mental health center	PD=1, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0

Hospital/Medical Center	PD=2, EP=0
Veterans Affairs Health Care System	PD=0, EP=7
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the **Clinical Neuropsychology Program.**

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 1/10/22

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The Minneapolis VA Health Care System in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application. Selection Process	
Describe any other required minimum criteria used to screen applicants:	

Applicants must meet the following prerequisites to be considered for our postdoctoral training program: 1. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency 2. Completion of an APA-accredited psychology internship program 3. U.S. citizenship. 4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen. 5. Male applicants born after 12/31/1959 must have registered for the draft by age 26 *** Failure to meet these qualifications could nullify an offer to an applicant.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	56,163
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	6
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=1
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=0
Veterans Affairs Health Care System	PD=1, EP=3

Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=1
Other	PD=0, EP=0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the **Clinical Rehabilitation Psychology Program.**

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 1/10/23

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The Minneapolis VA Health Care System in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application. Selection Process	
Describe any other required minimum criteria used to screen applicants:	

Applicants must meet the following prerequisites to be considered for our postdoctoral training program: 1. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency 2. Completion of an APA-accredited psychology internship program 3. U.S. citizenship. 4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen. 5. Male applicants born after 12/31/1959 must have registered for the draft by age 26 *** Failure to meet these qualifications could nullify an offer to an applicant.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	56,163
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	2
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=0
Veterans Affairs Health Care System	PD=1, EP=1

Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Clinical Psychology - Program Overview

The Psychology Postdoctoral Training Programs at the Minneapolis VAHCS are committed to providing excellent training in the areas of clinical care, research, and attention to social issues. As a fundamental part of this training and the environment of our service line, we believe that increased self-awareness and appreciation for other viewpoints and cultures makes psychologists more effective practitioners, scientists, and teachers. For this reason, sensitivity to individual differences and diversity is an integral part of our training philosophy. Many of our previous interns and postdocs have pursued careers in universities, the VA health care system, medical schools, teaching hospitals, and other settings.

Training Aims and Model

The philosophy of our program is grounded in the scientist-practitioner model. Our program endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by hands on clinical work. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. At the same time, we hope to acknowledge the complexities of real patients and the limitations of our empirical base. We aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research. While individual residents may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

1. **Advanced Generalist Training** is an important foundation for professional competence. Our program is based on the view that a psychologist must be broadly competent before they can become a skillful specialist. We believe that residents are best trained by strengthening their generalist skills across a broad spectrum of practice and by deepening their skill set in focus area(s) of their choice. This is best accomplished in relationship with mentor(s) who are role models and experts in their area of focus and by participating in some clinical training outside of the specified focus areas. The training model for the postdoctoral training program at the Minneapolis VAHCS therefore has four key components: (1) combining science with practice, (2) learning through mentoring relationships with staff, (3) self-directed development, and (4) training that combines breadth with depth.

2. **Combining science with practice** can take on several forms depending upon the training goals of the resident. For residents that are more clinically focused, between 15-25% research time is provided to complete a scholarly project that is commensurate with the release time allotted. For residents who are more

research or academically oriented, up to 49% research time is provided to complete research project(s) that are commensurate with the release time allotted. Residents typically take advantage of collaborating with several of our very productive clinical researchers on staff. Regardless of focus, all residents are expected to develop a strong working knowledge of the scientific literature pertaining to assessment and intervention and all clinical activities should be guided by this knowledge base.

3. **Mentorship** is characterized by close, collegial consultation with at least one psychologist specializing in the resident's primary area of interest. Mentors will model the integration of scientific work with clinical practice, while fostering the further development of those skills in the resident. The mentor(s) will also assist the resident with becoming a self- supervisor and with taking responsibility as one of the principle designers of his/her learning.

4. Our training model also emphasizes **self-directed development**. In addition to developing core clinical psychological skills, which build upon the skill base attained through their pre-doctoral training and residency, we encourage greater reliance on self as the resident develops his/her professional identity as a psychologist. This includes attention to advancing development of core skills such as: assessment, treatment interventions and psychotherapy, consultation and multi-disciplinary teamwork, research and scientific inquiry, supervision and teaching, ethics, and cross-cultural and diversity sensitivity. With this approach, residents will be prepared to leave their training year well prepared to function successfully as an independent scientist-practitioner.

5. In addition, the residency training model also emphasizes **breadth with depth**. We expect that the postdoctoral resident will demonstrate a high degree of initiative and independence in working towards achieving his/her training goals and in meeting the complex medical and psychological needs of our veterans. Training is sufficiently broad to build on the generalized foundation of the knowledge, skills, and proficiencies that define clinical psychology, and of sufficient depth to develop more focused competence and expertise in a specific area of focus, chosen by the resident.

6. The primary **focus of the residency year is training**. Delivery of patient care is an essential vehicle through which training occurs but is secondary to the educational mission of the residency. Toward this end, postdocs are encouraged to plan their residency experiences in a manner that maximizes their individual training goals (for example, residents help choose their own placements in order to meet their individual training needs).

7. **Commitment to Diversity**: Our training program is committed to the ongoing process of developing multicultural competencies – for our trainees and ourselves as providers and

trainers. This commitment is predicated on the belief that psychology practice is improved when we develop a broader and more compassionate view of our individual differences. Our practice is improved further as we better understand the complex forces that influence a person's psychological development, including cultural, social, structural, economic, and political factors. We are committed to offering training experiences that provide opportunities for trainees to expand their vision of the world and learn to understand the perspective of others more fully. When this occurs, our practice can be more responsive to the needs of our clients and less constrained by our biases. For these various reasons, the internship and postdoctoral residency programs place a high value on attracting a diverse group of trainees and on maintaining an awareness of multicultural issues during the training year. More information about the program's commitment to diversity training can be found by clicking on the Diversity Awareness Sensitivity and Training page.

Our program is organized with a general aim of producing graduates who have a broad requisite knowledge, skills, and proficiencies necessary to assume a number of different roles as professional psychologists, and a depth of experience in an area of focus. We believe that graduating residents should be able to provide competent assessment and appropriate interventions, consultation, and supervision in their area(s) of focus, as well as exhibit behavior that is consistent with professional standards. As a part of developing a healthy professional identity, residents are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating residents possess the requisite skills to bring research and clinical literatures to bear on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. Subsumed under this overarching training philosophy are the following aims:

Competencies

Consistent with our overall aims, training is expressed in the following broad competencies:

1. **Research** - Residents will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.

2. **Ethical and Legal Standards** - Residents will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code, relevant laws, regulations, rules, policies, standards and guidelines.

3. **Individual and Cultural Diversity** - Residents will demonstrate ability to conduct all professional activities with significant awareness and sensitivity to human

diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns demonstrate knowledge, awareness, humility, sensitivity, and skills when working with diverse individuals, as well as with communities that embody a variety of cultural backgrounds and experiences.

4. **Professional Values and Attitudes** - Residents will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.

5. **Communication and Interpersonal Skills** - Residents will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.

6. **Assessment** - Residents will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. focus is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically-validated instruments assessing personality.

7. **Intervention** - Residents will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Residents will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.

8. **Supervision** - Residents will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

9. **Consultation and Interprofessional Skills** - Residents will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

Areas of Focus

This one-year (2080-hour) residency in clinical psychology allows trainees to choose an area of focus including Primary Care/Health Psychology, Trauma, and Serious Mental Disorders. (We also have a specialty postdoctoral program with independent accreditation in Clinical Neuropsychology and Rehabilitation Psychology). See our Postdoctoral Training Program download for more information.

Primary Care-Mental Health Integration (PCMHI) Focus Area

Shortly after arrival, residents will complete the national VA PC-MHI Competency Training and will receive certification in this model. Residents in PC-MHI function as interdisciplinary team members within primary care and assist in managing the overall health of the primary care population. Goals of this integrated, biopsychosocial model of care include increased accessibility to mental health services and consultation for all patients and primary care staff. We focus on early identification and intervention (individual and group) for a broad range of mental health problems, while eliminating common barriers to mental health care. Within this model, trainees will provide immediate, onsite consultation, administer targeted screening and assessment measures, and deliver brief, solution focused treatment. Strong interpersonal communication skills, collaboration, and teamwork are essential in this model of care. Trainees will encounter a wide range of presenting problems to include depression, anxiety, PTSD, substance use problems, insomnia, interpersonal problems, adjustment problems, and somatic concerns. All trainees will co-locate in the medical resident's primary care clinic three days per week and will staff the PC-MHI access phone one day per week, during business hours. Compared to interns, post-docs are expected to function more independently and to be more integrated and interactive with primary care staff. Post-docs are encouraged to work on research and quality improvement projects within the PC-MHI team. If interested, additional opportunities include:

- Managing Chronic Conditions: Evaluate and provide services aimed at managing chronic conditions (e.g. diabetes) and health interfering behaviors (e.g. smoking). Co-lead shared medical appointments (SMA's) with primary care staff.
- Chronic Pain: Evaluate and treat complex chronic pain using evidence-based treatments. Co-lead ACT and Women's groups.
- Oncology: Work with newly diagnosed cancer patients.
- MOVE: Provide individual and group services for the VA weight management program for obesity.

Supervisors: Drs. Bemmels, Bronars, Crowl, Mallen, Moore, Olson, Possis, Skroch, and Scott.

Serious Mental Illness (Team Z) Focus Area

** Although our Serious Mental Illness Postdoctoral Focus Area is currently accredited as part of the Clinical Psychology Postdoctoral Program, we are in the process of applying for Specialty Accredited in the area of Serious Mental Illness. With this transition, our SMI postdoctoral training is consistent with both the accredited Clinical Psychology program and the required competencies in the specialty of Serious Mental Illness. Currently, the SMI residency provides training that includes more than 80% of the resident's time devoted to psychosocial and psychiatric rehabilitation approaches for persons with SMI, which is consistent with a major area of study.*

Team Z is an interprofessional team that provides specialized mental health care to approximately 800 veterans with serious mental illness, such as Schizophrenia, Schizoaffective Disorder, and Bipolar Affective Disorder, although veterans with other diagnoses are also treated. The team consults throughout the medical facility and offers services to veterans from other mental health teams. The team's approach is client-centered with an emphasis on recovery-based, empirically-supported interventions. Our primary aim is to promote the individual's recovery, measured not only as a reduction in symptoms but also as improved functioning and life satisfaction, and participation in environments of one's choice. The majority of services are psychosocial rehabilitation interventions, although the team also provides traditional treatments such as medication management, social work services and supportive therapy. We adhere to the philosophy of the Psychiatric Rehabilitation Association (PRA), a driving force behind the practice of psychosocial and psychiatric rehabilitation. Several team members have obtained their credentials as a Certified Psychiatric Rehabilitation Practitioner(CPRP) and promote the application of clinical practices that are consistent with recovery principles. Treatment is coordinated to provide a full range of mental health services for veterans and their family members. Consistent with this, several Team Z staff are involved in expanding on Coordinated Specialty Services for veterans with early psychosis, participating in the VA's EPIC initiative.

The post-doctoral training program builds upon many aspects of the resident's previous training, providing a specialized set of skills and knowledge that has been demonstrated to be effective with the SMI population. Training is sufficiently broad to build the foundation of knowledge, skills, and proficiencies that define clinical psychology, and of sufficient depth to achieve competence and expertise in the major area of study of SMI. Residents will be prepared to leave the residency well-prepared to function successfully as an independent scientist practitioner with requisite expertise in working with adults with SMI. Supervisors work with residents to develop an individualized training plan that provides a well-rounded experience in the treatment of serious mental illness and that is consistent with the resident's professional goals.

Our training philosophy is strongly based in the scientist-practitioner model. Residents are trained to implement evidence-based practices for persons with SMI and critically

evaluate new interventions. This approach is based on the belief that clients deserve access to treatments that have been proven to be effective for their specific concerns and condition(s). Psychologists on the team work from a variety of approaches and orientations, including Cognitive-Behavioral, Behavioral, Acceptance and Commitment, and Motivational Interviewing. Residents can gain experience with these theoretical orientations through individual therapy supervision with one or multiple team psychologists. Across theoretical orientations, empirically-supported recovery-based approaches are emphasized.

While the team is located in outpatient mental health, a resident's clinical training could involve experiences with the psychiatric inpatient unit, the Psychiatric Partial Hospitalization (PPH) program, the Mental Health Intensive Case Management (MHICM) program, the Supported Employment (SE) vocational rehabilitation program, and the Psychosocial Rehabilitation and Recovery Center (PRRC). Residents with the team will have the unique opportunity to be involved in the Interprofessional Practice and Education (IPE)training program. This is a program housed within team Z offering specific educational, instruction and clinical experiences that are designed to allow trainees from multiple disciplines (Pharmacy, Psychology, and Social Work) to learn with, from, and about each other. Throughout the VA, similar IPE programs are intended to increase expertise in critical areas of need, expand the recruitment pipeline of well-trained and highly qualified mental health providers, and promote the utilization of patient-centered interprofessional team-based care. It is expected that the Team Z Psychology Resident will take a leadership role among trainees in the IPE program.

Primary Clinical Responsibilities: Clinical training involves practice experiences primarily on Team Z, which is housed in the Outpatient Mental Health clinic area in the main building of the MVAHCS. Team Z includes a team secretary and the disciplines of Nursing, Peer Support, Pharmacy, Psychiatry, Psychology, Social Work, and Vocational Rehabilitation. Because the team collaborates in cross-discipline training efforts, the resident will have multiple clinicians to serve as role models for providing care and who will be available for consultation.

Specific responsibilities will vary depending on training goals, resident experience, and availability of/need for services on the team. These will be coordinated with the resident’s supervisor(s). Options may include:

- Assessment (intake interviews; diagnostic clarification/personality assessment; cognitive screening; neuropsychological assessment; inpatient psychiatric unit (1K) assessments; CBSST pre- and post-group evaluations)
- Collaborative treatment planning
- Individual contacts/therapy (care coordination; supportive therapy; skills training; Psychiatric Rehabilitation Readiness assessments; Wellness Recovery Action Plans [WRAP]); therapy interventions include
    - CBT

    - ACT
    - CBT for psychosis (CBTp)
    - ACT for psychosis (ACTp)
    - Narrative CBTp
    - Recovery Oriented Cognitive Therapy (CT-R)
    - Illness Management and Recovery (IMR)
    - Individual Resiliency Training (IRT)
- Family therapy
- Group therapy
    - Cognitive Behavioral Social Skills Training
    - Social Skills Training
    - Multiple Family Therapy group
    - Family Education Workshops
    - Psychiatric Rehabilitation Readiness
    - Illness Management and Recovery
    - Dual Diagnosis group [enhanced IMR]
    - Support and Family Education
    - Behavioral Management for Auditory Hallucinations – Managing Voices
    - Social Cognition and Interaction Training
- Provide clinical supervision to a junior-level Psychology practitioner (usually an advanced graduate student during their practicum placement)

Research Project: Training in research/dissemination consists of a program evaluation, research, or dissemination project that is developed by the resident and overseen by the research mentor. Residents in the SMI emphasis area may spend up to 25% of their time in research activities, based on a 40-hour work week. (Please note that this is a different maximum for research activities during the official 40-hour work week than the other MVAHCS Psychology postdoctoral residents, who may coordinate to spend up to 49% of their time in research).

Other training opportunities: Residents also complete an administration project and participate in one adjunctive clinical experience. The latter involves a clinical training experience that is not specific to SMI (see descriptions elsewhere in training materials).

Training Staff: Available resident clinical mentors in the SMI major area of study are Drs. Hegeman (ABPP), McKinley, Quinlan and Rodgers. Recent research mentors have included Drs. Disner, Nienow, and Urosevic, though other research mentors could be arranged based on an individual resident's research interests. Residents will have the opportunity to work with other staff from multiple professions during the course of their primary and secondary placements.

For a more detailed brochure of the post-doctoral experience, please email Dr. Hegeman (ABPP) at bridget.hegeman@va.gov

Traumatic Stress and PTSD Focus Area

Mental Health Team L is a multidisciplinary outpatient treatment team that specializes in the assessment and treatment of Veterans with acute and chronic trauma-related disorders stemming from all types of trauma exposure. Through clinical experience, supervision, and didactic training, residents can expect to develop a comprehensive understanding of the sequelae of trauma and treatment approaches for trauma-related disorders. Supervisors and mentors work closely with residents to develop an individualized training plan that provides a well-rounded experience in the treatment of trauma related conditions is consistent with the resident's professional goals and is a balance between research and clinical experiences. Residents working within the clinic can expect to attain a number of diverse clinical skills including: structured clinical interviewing for PTSD and trauma-related disorders, psychological assessment using objective testing and interviews, psychotherapy with individuals, families, and groups, and consultation to the multidisciplinary team. Residents also have the opportunity to participate in Research with senior research staff. Several psychologists on the team have ongoing grant funded research and regularly collaborate with residents on manuscripts and conference presentations. While supervisory staff espouse a diverse array of theoretical orientations from cognitive-behavioral to family systems, and narrative, all clinical work is directly impacted and informed by knowledge and awareness of the scientific literature. Emphasis is placed on empirically supported treatments including Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Dialectic Behavior Therapy. In addition to their clinical responsibilities, several staff members serve roles as national trainers and consultants for Cognitive Processing Therapy and Prolonged Exposure. Residents have the opportunity to fully participate in these activities and function as an active member of a multidisciplinary team.

Supervisors: Drs. Andrews, Battles, Chuick, Hass, Kaler, McManus, Morris, Voller, and Wagner (ABPP).

Program Overview - Clinical Neuropsychology

The Psychology Postdoctoral Training Programs at the Minneapolis VAHCS are committed to providing excellent training in the areas of clinical care, research, and attention to social issues. As a fundamental part of this training and the environment of our service line, we believe that increased self-awareness and appreciation for other viewpoints and cultures makes psychologists more effective practitioners, scientists, and teachers. For this reason, sensitivity to individual differences and diversity is an integral part of our training philosophy. Many of our previous interns and postdocs have pursued careers in universities, the VA health care system, medical schools, teaching hospitals, and other settings.

Training Aims and Model

Houston Conference Guidelines: Our program fully adheres to the Houston Conference Guidelines, including the provision of:

1. a board certified neuropsychologist on faculty,
2. two years full-time training,
3. training at formally affiliated and proximal training sites with on-site direct clinical supervision,
4. training in allied health specialties (e.g., behavioral neurology, psychiatry),
5. interaction with other residents outside the immediate program, and
6. a program structure that assures that residents spend a significant percentage of time in clinical service, clinical research and educational training that is proportional to their needs.

American Board of Clinical Neuropsychology: As an APPCN member program, our program also ensures that all residents meet the requisite experiences to be eligible for specialty certification in clinical neuropsychology upon successful completion of the training program.

Competencies

Consistent with our overall aims, training is expressed in the following competencies (which are consistent with the Houston Conference Guidelines):

** Competencies specific to neuropsychology are embedded within each of these broad competency areas.*

1. **Research** - Residents will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.

2. **Ethical and Legal Standards** - Residents will demonstrate the ability to respond

professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

3. **Individual and Cultural Diversity** - Residents will demonstrate ability to conduct all professional activities with significant awareness and sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals, as well as with communities that embody a variety of cultural and personal background and characteristics.

4. **Professional Values and Attitudes** - Residents will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.

5. **Communication and Interpersonal Skills** - Residents will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.

6. **Assessment** - Residents will develop competence in advanced evidence-based neuropsychological assessment with a variety of diagnoses, problems, and needs.

7. **Intervention** - Residents will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Residents will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.

8. **Supervision** - Residents will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

9. **Consultation and Interprofessional Skills** - Residents will develop competence in the intentional collaboration of professionals in health service psychology with other individuals orgroups.

Commitment to Diversity

The Minneapolis VAHCS and the Psychology training programs are deeply committed to the training of future psychologists from a culturally competent framework and fostering an environment that is highly sensitive to and appreciative of all aspects of diversity. More information about the program's commitment to diversity training can be found by clicking on the Diversity Awareness Sensitivity and Training page. In Neuropsychology, we recognize the complicated history of our field that has contributed to pathway issues, lack of representation of individuals from diverse backgrounds, and social injustices and inequities across stages of

training and in our profession. We are committed to forward progress and value the concepts of cultural humility and continuous learning as we move toward more equitable training and practice in our field. We stand in solidarity with AACN's Relevance 2050 Initiative and have made considerable efforts to transition diversity and multiculturalism education and training away from a siloed approach toward a more integrative approach that keeps these topics at the forefront of all that we do. We have significantly benefitted from the unique perspectives of our trainees and focus on continued development and growth each training year.

Program Philosophy

Scientist practitioner model: The philosophy of our clinical neuropsychology training program is based on a scientist practitioner model, which can take on several forms depending upon the training goals of the resident.
- amount of time allotted for research can range from 15-49%, depending on the resident's level of interest and goals for the research/scholarly project. Amount of time is flexible across the postdoctoral training period.

Self-Directed Development: We value residents who aim to develop an increasing level of independence and focus on more specialized skill development as they progress through their training experience.

Training: The primary focus of the residency year is training. Delivery of patient care is an essential vehicle through which training occurs but is secondary to the educational mission of the residency. Toward this end, postdocs are encouraged to plan their residency experiences in a manner that maximizes their individual training goals (that is, residents help choose their own placements in order to meet their individual training needs).

Program Structure

Consistent with our aim to develop self-directed residents, the training experience in our program can look quite different depending on a resident's interests, previous experiences, outlined goals, and anticipated career path. Our residents have varied in their expressed specialty interests in rehabilitation, mental health, or older adult populations and all training plans are developed at the outset to accommodate these interests. Residents typically complete three 4-month rotations across each year of training, though this is also flexible. While completing their major rotations, they also participate in more specialized training experiences for a specified period of time or across the entire two years of residency.

Training Experiences

Through didactic and experiential training, residents will gain proficiencies in various

neuropsychological assessment techniques and instruments, interpretation of test results, and report-writing; selected methods of intervention for problems arising directly from and/or secondary to impaired brain function; and psychiatric and neurological diagnostic skill. Training will expand residents' existing knowledge base of neuroanatomy, neuropathology, and related neurosciences as well as focus on the further development of consultation/liaison skills in a variety of patient populations. Clinical activities also include provision of feedback to patient, family, and referral sources; participation in interdisciplinary team patient care meetings; and direct intervention utilizing neuropsychological principles, including patient and/or family psychotherapy and/or education.

Clinical Rotations

- **Neuropsychological and Psychological Assessment Clinic (NPAC):** rotation involves primary outpatient neuropsychological evaluations with occasional inpatient referrals. Staff members accept hospital-wide referrals to address such questions as the degree of cognitive impairment, potential etiological contributions, effect of mental health symptoms, and change over time.

- **Rehabilitation & Extended Care (REC):** rotation provides residents with the experience of conducting neuropsychological assessments with both inpatient and outpatient populations, including selecting appropriate test batteries and incorporating succinct vs. more comprehensive report styles to suit each population. The vast majority of referrals include some aspect of acute or remote history of brain injury. Referrals also include patients from the Spinal Cord Injury & Disorders Center, inpatients with multi-system injuries undergoing comprehensive rehabilitation within the Polytrauma Rehabilitation Center (PRC), and patients with movement disorders (Parkinson's disease, parkinsonism) engaged in rehab therapies.

- **Geriatric Research Education and Clinical Center (GRECC):** comprised of a multidisciplinary team of experts specialized in assessing and treating disorders associated with aging and memory loss. Neuropsychological assessment is one portion of the comprehensive workup to assist with differential diagnosis involving various neurodegenerative diseases. Residents may participate in the consensus diagnosis meetings, a process that includes opinion of all treating providers and team discussion to propose a diagnosis.

- **Older Adult Mental and Behavioral Health team (Team A):** provides neuropsychological assessment services on referral from team members to assess for cognitive impairment beyond that expected for age and mental health symptoms. A resident may also participate in the formal intake and provide additional assistance with developing appropriate compensatory strategies and adjusting to cognitive decline.

Specialty Experiences:

- **Long-term EEG Monitoring (LTM):** residents complete neuropsychological evaluations with Veterans participating in the 5-day LTM program that often involves differential diagnosis of a seizure disorder vs. psychogenic non-epileptic seizures (PNES). Evaluations are comprehensive, including both neurocognitive testing and psychological assessment (e.g., MMPI-2-RF). The resident completes an abbreviated report, consults with the Neurology resident/attending, and participates in interdisciplinary rounds to review various workups, including review of EEG data with the epileptologist. These evaluations are somewhat variable but may occur up to biweekly throughout the training experience.

- **Neurology Clerkship:** the resident joins the Neurology resident to engage in a collaborative work-up of a Veteran in the Neurology clinic. The Neuropsychology resident aims to learn the neurologic exam whereas the Neurology resident aims to learn diagnostic assessment of cognitive/emotional factors and daily functioning as well as valid completion of a cognitive screen. The residents then review the case with the attending Neurologist and together determine diagnosis and next steps for treatment planning. This experience occurs weekly throughout the training experience.

- **Serious Mental Illness (Team Z):** the resident can gain experience completing neuropsychological evaluations with Veterans with diagnoses of Schizophrenia, Schizoaffective Disorder and Bipolar Affective Disorder. Evaluations include cognitive screens and full neuropsychological assessments to characterize an individual's strengths and weaknesses, and provide recommendations for effective interaction and other strategies for treatment. Residents can also co-facilitate group therapy sessions such as Cognitive Behavioral Social Skills Training (CBSST) and Social Skills Training (SST) and complete specific pre- and post-group cognitive screening batteries (e.g., MATRIX).

- **Cognitive Rehabilitation:** residents co-lead a weekly, 90-minute group that involves psychoeducation about causes of cognitive difficulties and development and implementation of compensatory cognitive strategies. Each group lasts for 8 weeks and residents can determine their level of involvement in this program.

- **Consultation and Assessment for Medical Procedures (CAMP)**: residents complete pre-surgical mental health evaluations to assist several medical teams in determining candidacy for the procedure (cochlear implant, solid organ transplant, bariatric surgery, gender-affirming care). These opportunities occur when working with neuropsychologists who participate in this group (Drs. Czipri and Miller).

- **Neurosurgical Evaluations:** residents complete pre- and post- cognitive screening for neurosurgical interventions (deep brain stimulation and ventriculoperitoneal shunting). These opportunities occur when working with neuropsychologists involved in this program (Drs. Doane and Lamberty) or dependent upon interests.

- **Cognitive Screening:** residents may also participate in cognitive screening evaluations for various programs, including hematology/oncology, Cognitive Rehabilitation, and the Comprehensive Pain Rehabilitation program. These opportunities occur variably across the training experience.

Didactics

Formal didactics occurring throughout the two-year training period focus both on building a strong neuropsychological knowledge base and exposing the resident to the latest in scientific advances in our field. Didactic activities include:

- Neuropsychology Seminar (weekly, syndrome-focused presentations)
- Neuropsychology Specialty Didactic (weekly, varied content)
    - Brain cutting & neuroanatomy
    - ABPP-style fact-finding
    - Ethics
    - Case consultation
    - Interprofessional presentations
    - Diversity presentations
- Minnesota Neuropsychology Postdoctoral Collaboration (with University of MN and Courage Kenny Rehabilitation Institute)
    - Monthly 2-hour seminar (one hour syndrome-focused, one hour professional development)
    - Quarterly 2-hour diversity-focused seminar
- NAN Clinical Neuroanatomy Course (15 weeks at resident-determined time)
- Mental Health Grand Rounds (most weeks)
- Rehabilitation Psychology Series (weekly; optional)
- GRECC Roundtable Presentation (monthly; optional)
- Team A Journal Club (weekly; optional)
- Psychology Speaker Series (department-wide, two weeks/month)
- Collaboration with community neuropsychologists for additional opportunities (e.g., observe WADA; optional)

Research

Residents are required to participate in scholarly activity, which might include the preparation of a scholarly paper or literature review, participation in ongoing research programs, development of an independent, mentored scholarly project, and/or submission of a grant proposal or outcome assessment. A wide range of projects and content areas are available including ecologically valid cognitive and functional assessment in aging/MCI/dementia, outcome from traumatic brain injury (multi-site, longitudinal Model Systems program), and various projects from our clinical database.

Supervision

Supervision of graduate level trainees under the guidance of postdoctoral program supervisors has been an integral component of past residents' training experiences.

Administrative

Residents will develop and complete an administrative project during the training period through collaboration with the Neuropsychology Training Director. This may involve program development or evaluation, updating of materials, or creation of a new tool that will serve to enhance clinic operations.

Neuropsychology Supervisors

Carly Anderson, Ph.D., ABPP – Neuropsychology Training Director, Neuropsychologist in NPAC

Christie Clason, Ph.D. – Neuropsychologist in NPAC, GRECC

Sheena Czipri, Psy.D., ABPP - Neuropsychologist in NPAC, CAMP (solid organ and bone marrow transplant)

Bridget Doane, Ph.D., **ABPP** – Neuropsychologist/Psychologist and Program Manager for Team A

Adriana Hughes, Ph.D. – clinical investigator within GRECC, Neuropsychologist in NPAC

Greg Lamberty, Ph.D., ABPP – Neuropsychologist in REC

Mathew Maargraff, Ph.D. - Neuropsychologist in NPAC

Ivy Miller, Ph.D., ABPP – Neuropsychologist in NPAC, CAMP (cochlear implant)

Anita Sim, Ph.D., ABPP – Neuropsychologist in REC, TBI/Polytrauma

Wendy VanVoorst, Ph.D., ABPP – Neuropsychologist in NPAC

Torricia Yamada, Ph.D., ABPP – Neuropsychologist and Supervisor/Program Manager for NPAC, Cognitive Rehabilitation coordinator

Program Overview - Rehabilitation Psychology

The Psychology Postdoctoral Training Programs at the Minneapolis VAHCS are committed to providing excellent training in the areas of clinical care, research, and attention to social issues. As a fundamental part of this training and the environment of our service line, we believe that increased self-awareness and appreciation for other viewpoints and cultures makes psychologists more effective practitioners, scientists, and teachers. For this reason, sensitivity to individual differences and diversity is an integral part of our training philosophy. Many of our previous interns and postdocs have pursued careers in universities, the VA health care system, medical schools, teaching hospitals, and community settings.

We are not accepting applications in the Fall of 2022. Our next recruitment cycle will be in 2023 for the 2024-2026 training period.

Training Aims and Model

The Rehabilitation Psychology Post-Doctoral Residency aims to train residents to provide compassionate and sensitive care to patients who are adjusting to a range of disabilities (e.g., traumatic brain injury, stroke, spinal cord injury, chronic pain, complex medical conditions). In addition to assessment and intervention with the individual patient, training experiences include working with the family, treatment team, and rehabilitation environment, to promote adjustment to disability. Rehabilitation trainees consider the role of the patient by environment interaction to individualize patient care, increase engagement in rehabilitation, and serve as an advocate to help each patient make progress toward life goals.

The Rehabilitation Psychology Post-Doctoral Residency is a 2-year specialty accredited program that takes place within the Rehabilitation and Extended Care (REC) Department. The residency is consistent with the Baltimore Conference Guidelines for training in Rehabilitation Psychology and provides training in specialized competency areas so that residents are well-prepared to apply for board certification in Rehabilitation Psychology. We are a full member in the Council of Rehabilitation Psychology Postdoctoral Training Programs (CRPPTP).

Commitment to Diversity: Our training program is committed to the ongoing process of developing multicultural competencies – for our trainees and ourselves as providers and trainers. This commitment is predicated on the belief that psychology practice is improved when we develop a broader and more compassionate view of our individual differences. Our practice is improved further as we better understand the complex forces that influence a person's psychological development, including cultural, social, economic, and political factors. We are committed to offering training experiences that provide opportunities for trainees to expand their vision of the world and learn to understand the perspective of others more fully. When this occurs, our practice can be more responsive to the needs of our patients and less constrained by our biases. For these various reasons, our internship and postdoctoral residency programs place a high value on attracting a diverse group of trainees and on maintaining an awareness of multicultural issues throughout the training experience. More information about the program's

commitment to diversity training can be found by clicking on the Diversity Awareness Sensitivity and Training page.

Training Experiences

Major Rotations: A resident's training experience will include four 6-month rotations, selected from the following training experiences:

1. Neurorehabilitation: The Minneapolis VA has the distinction of being one of the nation's 5 VA Health Care Systems that provide the full continuum of polytrauma care: Polytrauma Rehabilitation Center (PRC), Polytrauma Transitional Rehabilitation Program (PTRP), and Polytrauma Network Site (PNS). PRCs are specialized rehabilitation centers that care for active duty service members and veterans with multi-systemic injuries, including traumatic brain injury (TBI), pain, PTSD and other mental health disorders, and complex medical issues. The continuum of TBI care includes an emerging consciousness program, acute inpatient rehabilitation, community reintegration, and outpatient rehabilitation, and trainees may have the opportunity to follow a patient throughout this rehabilitation experience. Training experiences are also available with a broader range of neurorehabilitation populations, including amputation, stroke, and other acquired brain injuries (e.g., tumors).

2. Spinal Cord Injury and Disorder: The Spinal Cord Injury and Disorder (SCI/D) Center has state-of-the art equipment and care for veterans and active duty service members with spinal cord injuries and related conditions, such as multiple sclerosis and amyotrophic lateral sclerosis. The Minneapolis VA SCI/D Center serves veterans across multiple states as a "hub" of specialized care. We have a 30-bed inpatient unit for rehabilitation and complex medical care. Trainees may have the unique opportunity to participate in evaluation of readiness for and support following wound repair surgeries on this rotation. We also follow patients throughout the lifespan as part of annual evaluations and for outpatient rehabilitation needs.

3. Pain: The Comprehensive Pain Center offers specialized outpatient therapies and interventional procedures for chronic pain conditions. It is home to the Chronic Pain Rehabilitation Program (CPRP), an intensive 4-week outpatient treatment program for veterans and active duty service members with debilitating chronic pain. The program incorporates pain psychology, occupational therapy, physical therapy, recreational therapy and opioid cessation with all aspects of programming focused on functional goals and quality of life. CPRP is the only Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited chronic pain program in the state of Minnesota. Another opportunity for group education is Pain 101, a weekly closed group for 7 weeks. This interdisciplinary group combines didactic and experiential learning of active pain management strategies.

4. Complex Medical Care: Residents may choose to gain rehabilitation and health psychology experience working in one or two of the following areas during this rotation:

- Community Living Center (CLC) general inpatient units provide care for veterans who have a broad range of medical problems that need subacute rehabilitation and additional medical treatment (e.g., cancer, wound care, amputation).
- Hospice and Palliative Care (HPC) inpatient unit (part of the CLC) provides care for veterans and families coping with end-of-life issues.
- Behavioral Recovery Outreach (BRO) Team (also part of CLC) strives to develop a comprehensive program throughout our VA system and community partners to support veterans and their families in management of distressed behaviors due to major neurocognitive disorders.
- Home-Based Primary Care (HBPC) provides interdisciplinary geriatric care in the community setting for veterans with multiple chronic illness comorbidities requiring more intensive nursing case management. Visits are held primarily in veteran homes, nursing facilities, medical foster homes, or via telehealth.

Rehabilitation Psychology residents function as full members of the interdisciplinary treatment team , which consists of physiatrists, occupational therapists, physical therapists, recreation therapists, music and art therapists, speech therapists, dietitians, pharmacists, neuropsychologists, psychologists, social workers, rehabilitation nurses, vision specialists, vocational rehabilitation specialists, respiratory therapists, chaplains, and rehabilitation engineers.

Within each rotation, resident's activities will include:

Intervention

- carrying a caseload of inpatient and/or outpatient cases
- engaging patients and family members in individual caregiver and group psychological interventions
- assisting the team with behavior management
- providing relevant psychoeducation

Assessment

- conducting diagnostic evaluations
- assessing adjustment to disability
- cognitive & psychological assessments (e.g., BOMC, STMS, RBANS, MMPI-2-RF)
- introduction to neuropsychological assessment in a rehabilitation setting and/or opportunities for comprehensive evaluation for interested trainees

Consultation

- attending interdisciplinary team rounds
- consulting with other team members
- co-treatments with other rehabilitation therapists
- supervising graduate-level trainees

Adjunctive Experiences: Residents will participate in adjunctive opportunities to gain expertise in empirically supported treatments (EST) for mental health disorders, such as Prolonged Exposure,

Cognitive Processing Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, or Motivational Interviewing.

Research, Scholarly Activity, and Administrative Experiences: Residents will engage in research and/or other scholarly academic activity approximately 10-30% of their time through collaboration with ongoing research programs or through independent research projects approved by the program supervisor, mentors, and training committee. Projects should culminate in the submission of such work for professional presentation or publication. Dedicated research time and scholarly projects can but do not have to span both years of training. The Minneapolis VAHCS is a member of the TBI Model Systems program (TBIMS), a multi-site initiative to collect and analyze longitudinal data from individuals who have sustained a TBI. In addition to TBIMS, data are currently available to examine short- and long-term consequences of mild to severe TBI, nature of mild TBI and post-concussive symptoms, prediction of rehabilitation outcomes, psychological and neuropsychological assessment with rehabilitation populations, pain and pain-related rehabilitation, and community reintegration. The resident will consult with their primary mentor and research mentor to establish scholarly activity goals for each year based on the individualized training plan. The resident will also consult with their primary mentor to identify an administrative experience each training year, which may involve didactics, shadowing, program development, or other activities.

Didactics: Residents will spend a significant portion of their training completing a rich and comprehensive series of scheduled didactic activities, including:

- Rehabilitation Psychology series (occurs weekly)
    - Training committee meeting
    - Case consultation
    - presentations related to Rehabilitation Psychology specialty competencies
    - ABPP preparatory seminar with readings and clinical vignette practice
    - Journal club
- Mental health grand rounds (weekly during academic year)
- VISN 23 REC grand rounds (monthly during academic year)

Although not required, most Rehabilitation Psychology residents participate in Clinical Neuropsychology didactic offerings as well. Opportunities include:

- Clinical Neuropsychology weekly didactic series
- ABPP preparatory didactic in Clinical Neuropsychology
- Neuropathology lab (i.e., brain cuttings)

See below for additional specialized training opportunities available during the second year of the residency.

Examples of 2-year Rehabilitation Psychology Post-Doctoral Resident Training Plans:

Year 1		Year 2	
SCI/D	**TBI/Polytrauma**	**Pain**	**CLC/HPC**
Adjunctive EST Experience		Optional Additional Adjunctive Experience	
Research/Scholarly Activity			
Administrative Project(s)			

Year 1		Year 2	
PTRP/Stroke	**SCI/D**	**BRO/HBPC**	**Pain**
Adjunctive EST Experience		Optional Additional Adjunctive Experience	
Research/Scholarly Activity			
Administrative Project(s)			

In conjunction with their primary mentor, residents will develop an individualized plan to meet their training and professional goals, based on clinical and supervisor availability. Residents will attend and present at our Rehabilitation Psychology didactic seminar and journal club as part of developing relevant competencies from the Baltimore Conference Guidelines (Stiers et al., 2012). Residents will have an appropriate range of experiences to be prepared to apply for board certification in Rehabilitation Psychology and will attend an ABPP prep seminar that includes practice with clinical vignettes. Our graduates' professional roles include traditional Rehabilitation Psychology, neuropsychology, health psychology, and general mental health.

YEAR 2: In their second year, residents will have opportunities to participate in more advanced and unique experiential and knowledge-based activities. These include:

- Leadership training
- 15-week on-line Clinical Neuroanatomy course offered by the National Academy of Neuropsychology (alongside neuropsychology residents)
- Clinical physiatry clerkship – a 4-week experience including learning the neurologic exam, observing common procedures (e.g., EMGs, spinal block placements), and gaining understanding of the role of Physical Medicine in the medical setting

Training Staff: Supervisors for the Rehabilitation Psychology specialty include: Drs. Bauste (ABPP), Blahnik, Collins, Finn, Gause, Hachiya, Heideman, Howard, Irish, Johnsen-Buss (ABPP), Jones, Kellerman, Krause, Lamberty (ABPP) McGuire, Petska, and Sim (ABPP).

Competencies

Consistent with our overall aims, training is expressed in the following competencies (which are consistent with the Guideline for Training in Rehabilitation Psychology):

Competencies specific to Rehabilitation Psychology are embedded within each of these broad competency areas.

1. **Research** - Residents will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.

2. **Ethical and Legal Standards** - Residents will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

3. **Individual and Cultural Diversity** - Residents will demonstrate ability to conduct all professional activities with significant awareness and sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals, as well as with communities that embody a variety of cultural and personal background and characteristics.

4. **Professional Values and Attitudes** - Residents will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.

5. **Communication and Interpersonal Skills** - Residents will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.

6. **Assessment** - Residents will develop competence in advanced evidence-based assessment with a variety of diagnoses, problems, and needs.

7. **Intervention** - Residents will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Residents will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.

8. **Supervision** - Residents will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

9. **Consultation and Interprofessional Skills** - Residents will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

Training Experiences (for the Clinical, Neuro and Rehab programs)

The postdoctoral training program is designed to be flexible in order to meet each resident's individual goals for training within the selected focus areas. The following is a more detailed description of some of the didactic and training areas available:

Seminars

Residents select among the weekly seminars that emphasize the development of competency, knowledge, and professional identity. A number of nationally recognized figures are available for case consultation or presentations on research, assessment, interventions and professional issues. Residents take an active role in selecting training topics and consultants in concert with their supervisors/mentors. During the seminars, both residents and interns deliver at least one scholarly presentation in Mental Health Grand Rounds. Residents' presentations are expected to reflect their advanced training status. While some seminar time is shared with the interns, other seminar time is specific to the needs of the postdoctoral resident.

Opportunities are available for residents to attend and participate in other educational seminars and case conferences throughout the hospital and community.

Neuropsychology Case Conference: (Optional or required depending upon track chosen) This year-long, weekly conference involves didactics and case presentations and provides residents with the opportunity to improve their competence in interpretation of neuropsychological tests, consultation, and peer supervision. Staff, students, residents, and residents of more than one discipline often attend.

Research

Research and scholarly activity are viewed as integral parts of the postdoctoral training experience. Residents may contribute to ongoing projects conducted at the Medical Center. Research can take on several forms depending upon the training goals of the resident. For residents that are more clinically focused, between 15% research time is provided to complete a scholarly project that is commensurate with the release time allotted. For residents who are more research or academically oriented, up to 49% research time is provided to complete research project(s) that are commensurate with the release time allotted. Since completing original data collection projects can be challenging within the confines of a 12-month training program, residents typically take advantage of collaborating with several of our very productive clinical researchers on staff. Regardless of focus, all residents are expected to develop a strong working knowledge of the scientific literature pertaining to assessment and intervention and all clinical activities should be

guided by this knowledge base. The Training Staff and Funded Research pages highlight some of the current research interests and activities of our doctoral staff. Other opportunities can be discussed with specific staff members as desired. See the Research page for more specifics.

Administrative Experience

Residents are required to obtain administrative experience with psychologists who are actively involved in clinical administration. This experience involves didactics, shadowing and completion of an administrative project. Residents typically select a topic/project three to four months in the program, once they are familiar with the medical center, its range of services and administrative structure. Effort is made to identify an experience that is of interest to the resident and is consistent with the resident's career goals. Experiences involve didactics, shadowing, readings and completion of an administrative project or part of a project that the resident is capable of completing given their current skills and time constraints.

Clinical Experiences (in addition to focus or specialty area)

Addiction Recovery Services (ARS):

The mission of the ARS clinic is to foster individualized recovery for Veterans who desire change related to substance use and other co-occurring mental health concerns. The multidisciplinary team includes psychology, social work, psychiatry, nursing, pharmacy, and peer support. All the treatment we provide occurs on an outpatient basis. The programming provided in the clinic includes both group and individual treatments. Group treatment is evidence-based and includes our intensive outpatient program (IOP), relapse prevention, aftercare, CBT-SUD, and specialized outpatient groups focused on specific Veteran populations, to include those managing both substance use disorders (SUD) and severe mental illness, SUD and maladaptive personality traits, SUD and PTSD, and stimulant use disorders. Evidence-based individual treatment includes, but it not limited to, cognitive behavioral therapy for substance use disorders (CBT-SUD), motivational interviewing (MI), contingency management (CM) for stimulant misuse, CBT for chronic pain, CBT for insomnia, and tobacco cessation interventions. A sub-team of ARS includes our opioid treatment program (OTP), which focuses on administration of opioid replacement medications (buprenorphine, methadone) and individual therapy/case management. Additional training opportunities include completing comprehensive psychological assessments for ARS Veterans, typically referred by other team members for diagnostic clarification and treatment recommendations; brief assessments to provide treatment recommendations as part of a weekly drop-in screening group; use of MMPI-3 in therapeutic assessment for veterans in intensive outpatient treatment; and brief assessments/consultation with inpatient treatment teams regarding veterans who have been hospitalized for substance use related physical health complications. Interns also

can be involved in on-going quality improvement projects in the clinic.

Considering the breadth of treatment provided in the clinic, interns in ARS can create and receive a comprehensive training experience. Each trainee meets with their supervisor(s) to develop an individualized training plan based upon training interests and goals. Supervisors strive to provide high quality supervision, including observation and/or video review, to support trainees in meeting their personal training goals during the rotation. Consideration of multicultural issues in Veteran interactions is a component of the training experience. We believe in an interdisciplinary approach to providing high quality services to the Veterans we serve. Therefore, interns will have the opportunity to meet with other staff outside of psychology to learn from our partners. It is expected that interns participate in our weekly multidisciplinary team meeting and our monthly Journal Club. Our goal is that interns leave the ARS rotation having developed competencies to successfully work with individuals who are managing addictive disorders and co-occurring mental health disorders.

Supervisors: Drs. Andrews Wiebusch, Larson, Mrnak-Meyer, and Stephenson.

Anxiety Interventions Clinic (AIC):

The AIC is a national VA award-winning training program focused on developing competency in providing diagnostic assessments and empirically supported treatments to individuals with anxiety disorders or anxiety-based difficulties (e.g., trichotillomania, healthy anxiety, etc.). Techniques include but are not limited to diagnostic assessment, psychoeducation, cognitive therapy, and exposure therapy. Trainees can expect to gain experience in assessment and differential diagnosis of anxiety disorders using standardized forms and structured interviews, and in the application of cognitive behavioral therapies for specific anxiety disorders. Trainees will become familiar with the empirical literature regarding the nature, assessment, and treatment of anxiety disorders, and are encouraged to utilize process and outcome measures to track therapy progress as a part of standard care. Critical thinking and professional development are emphasized. The training setting is interdisciplinary and supervision is provided from an integrative stance that includes CBT and ACT approaches.

Supervisor: Dr. Robison-Andrew.

Acceptance and Commitment Therapy (ACT):

ACT is a functional contextual therapy that views psychological problems dominantly as problems of psychological inflexibility. ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility. Training includes didactic presentations, experiential exercises, and review of clinical material including audio- or video-recorded therapy sessions in weekly small group supervision. Trainees are expected to conduct individual therapy with two patients.

Supervisors: Drs. Henningsgaard and Hess.

Cognitive Behavioral Social Skills Training (CBSST):

This training is targeted towards individuals with serious mental illness (SMI), including schizophrenia and other psychotic disorders. The program utilizes techniques from cognitive behavioral therapy and social skills training that are implemented within a group format, which is augmented with individual sessions and consultation with other involved providers. Specific targets include modifying maladaptive thoughts, coping with persistent symptoms, identifying and monitoring warning signs of decline, developing a Wellness Plan, increasing problem-solving skills, promoting effective conflict management and improving communication skills. This differs from traditional supportive group therapy in that veterans' current concerns are addressed through learning and applying new skills to their everyday experiences. The intention is to improve quality of life and social functioning for veterans with SMI, thus we work primarily within a "recovery" model. In addition, there is an emphasis on generalizing skill use to the community. Skills acquired include case conceptualization from a CBT approach, techniques of the CBSST intervention, assessment of psychotic symptoms and other areas of patients' functioning, familiarity with relevant empirical literature, peer supervision, and multidisciplinary consultation.

Supervisor: Dr. Hegeman (ABPP) and Quinnlan

NOTE: CBSST can be available as part of the Team Z (SMI) Rotation

Cognitive Processing Therapy (CPT):

CPT is an evidenced-based, manualized, time-limited (12 weeks) treatment approach for trauma-related symptoms. Symptoms are conceptualized as developing from an inability to resolve conflicts between the traumatic event and prior beliefs about the self or others, as well as the consequent avoidance of a range of strong affects such as anger, shame, guilt, and fear. CPT treats trauma-related symptoms within the framework of a "recovery" model. The primary focus is on cognitive interventions, and treatment is structured such that skills are systematically built upon throughout the course of therapy. Treatment elements include psychoeducation, emotional processing, and cognitive interventions. Process and treatment outcome measures are used to track therapy progress as part of standard care. The CPT clinic provides training consisting of a two-day workshop, didactics, weekly case consultation, and participation as a CPT therapist.

Supervisors: Drs. Curry and Petska.

Dialectical Behavioral Therapy (DBT):

Dialectical Behavioral Therapy (DBT)*: DBT is an empirically supported, cognitive-behavioral therapy, developed to treat patients with traits of Borderline Personality Disorder, specifically emotion dysregulation, distress tolerance, and interpersonal difficulties. Patients attend weekly individual therapy, group skills training, and have DBT phone coaching available to the duration of treatment (typically 6-12 months). The DBT

adjunctive is available as a half-year (fall only) or full-year experience. In the fall, trainees (both half and full year) participate in a 2.5 day intensive introduction to DBT, attend a weekly seminar that includes readings and discussion on the theory, science, and practice of DBT, and co-facilitate a DBT Skills Group. Trainees electing to participate in DBT for the full year will also serve as a primary individual DBT therapist for 2-3 patients and attend weekly DBT team consultation in the second half of the year. All trainees will attend weekly individual supervision that includes feedback on session videos, group facilitation skills, and discussion about professional development as a DBT therapist.

Supervisor: Drs. Andrews, James, Morris, Rudolph, Voller

Family Therapy Training Clinic (FTTC):

This clinic provides trainees in psychology with experience in assessment and treatment of couples and family-related mental health concerns. An emphasis is placed on empirically based couples therapy using Integrated Behavioral Couples Therapy (IBCT). The clinic format includes, readings, didactic presentations (augmented through videotapes), and couple therapy experience. Each intern is assigned two couple therapy cases. All sessions are videotaped, and supervision occurs in a group setting. Skills acquired include couple and family assessment, case conceptualization, basic techniques, and peer supervision

Supervisor: Dr. Chuick

Motivational Interviewing (MI):

MI is a directive, client-centered therapeutic style for eliciting behavioral change by helping clients explore and resolve ambivalence about making changes. The therapist uses the MI approach to help clients resolve ambivalence, develop motivation for change, define treatment goals, and develop a plan for change. The MI training adjunctive includes an initial 2-day introductory training, followed by 6 months of weekly group supervision. The introductory training consists of learning about the MI Spirit and the MI Method, developing core MI clinical skills, and learning how to apply these skills to identify, elicit and effectively respond to “change talk,” to effectively respond to “sustain talk,” and to develop a successful change plan. The weekly group supervision includes readings and discussions of didactic material, review/coding of sample MI sessions, review/coding of videotaped sessions of trainees and patients, and role-playing. Trainees will participate in a small number of brief individual supervision meetings to discuss individual training goals and review progress of MI skill development. Trainees are also responsible for leading a presentation/discussion on a specialized MI topic of his/her choosing during one of the group supervision meetings.

Supervisors: Drs. Hamdi and Saxbi.

Neuropsychology:

The neuropsychology rotation is appropriate both for trainees hoping to attain experience with brief cognitive screening assessment and exposure to neuropsychological

assessment. Staff members accept hospital-wide consultation requests to address questions regarding presence/degree of cognitive impairment, potential etiological contributions, effects of mental health symptoms, and change over time. Trainees may expect to see a variety of patients, young and old, with histories and diagnoses including stroke, dementia, head trauma, tumors, seizure disorders, multiple sclerosis, and various other neurologic and psychiatric disorders. Assessments related to transplant evaluations, learning disorders, and attention deficit hyperactivity disorder are also available. Test batteries are flexible and are modified according to the nature of the referral question and patient background. Competence in consultation skills is developed through participation in the weekly neuropsychology seminar, and participation on interdisciplinary teams (e.g., GRECC Memory Clinic Team and inpatient stroke rounds).

Depending upon the trainee's particular clinical interests, supervisors may include Drs. Drs. Anderson (ABPP), Clason, Czipri (ABPP), Doane (ABPP), Lamberty (ABPP), Margraaf, Miller (ABPP), Seelye, Van Voorst (ABPP), and Yamada (ABPP).

Older Adult Mental & Behavioral Health Team ("A Team"):

In an outpatient setting, the A Team delivers patient-centered specialty mental and behavioral health care aimed at enhancing the well-being and quality of life of older veterans and their families. The interdisciplinary A team is comprised of psychiatrists, social workers, nurses, psychologists, and pharmacists who serve veterans over the age of 60 through diagnostic assessment, patient interventions, education, training, and research.

On this rotation, the resident can develop competencies in the assessment, conceptualization, and treatment of numerous psychiatric and neuropsychiatric conditions in an older adult population. Based on the individual intern's training needs and goals, activities on this rotation include comprehensive diagnostic intakes utilizing data from a variety of sources (interview, cognitive screens, self-report measures, and direct staffing of the case with a geropsychiatrist). Additional training in cognitive and neuropsychological assessment is also available. Furthermore, the A Team rotation provides training in diverse interventions including cognitive-behavioral, acceptance and commitment, solution-focused, mindfulness-based, and behavioral approaches. Opportunities may be available to develop/lead group programming for our patients and their families.

Didactics and interdisciplinary consultation are also an important part of the team experience. Namely, the trainee on this rotation will attend weekly journal club with staff and other trainees (psychiatry fellows and residents; pharmacy residents). The trainee actively participates in the weekly interdisciplinary team meeting where time is spent presenting cases and discussing treatment planning. The psychology intern will likely have opportunities to work alongside staff and trainees from different disciplines (psychiatry fellows and residents; pharmacy residents) assisting with appointments and family meetings.

Supervisors: Dr. Doane (ABPP).

Primary Care-Mental Health Integration (PCMHI):

Residents in this setting function as interdisciplinary team members within primary care and assist in managing the overall health of the primary care population. Goals of this integrated, biopsychosocial model of care include increased accessibility to mental health services and consultation for all patients and primary care staff. We focus on early identification and intervention (individual and group) for a broad range of mental health problems, while eliminating common barriers to mental health care. Within this model, trainees will complete national PCMHI competency training, provide immediate, onsite consultation, administer targeted screening and assessment measures, and deliver brief, solution focused treatment. Strong interpersonal communication skills, collaboration, and teamwork are essential in this model of care. Trainees will encounter a wide range of presenting problems to include depression, anxiety, PTSD, substance use problems, insomnia, interpersonal problems, adjustment problems, and somatic concerns. All trainees will co-locate in a primary care clinic two days per week and will staff the PC-MHI access phone one day per week, during business hours. Compared to interns, post-docs are expected to function more independently and to be more integrated and interactive with primary care staff. Locations may include the Post-Deployment Clinic, Women's Comprehensive Health Center, Resident's Clinic, or general Primary Care Clinics. Post-docs are encouraged to complete research projects within the PCMHI team. If interested, additional opportunities include

- *Managing Chronic Conditions:* Evaluate and provide services aimed at managing chronic conditions (e.g. diabetes) and health interfering behaviors (e.g. smoking). Co-lead shared medical appointments (SMA's) with primary care staff.
- *Chronic Pain:* Evaluate and treat complex chronic pain using evidence-based treatments. Co-lead ACT and Women's groups.
- *Oncology*: Work with newly diagnosed cancer patients.
- *MOVE:* Provide individual and group services for the VA weight management program for obesity.

Supervisors: Drs. Bemmels, Bronars, Possis, Skroch, and Scott.

Psychiatry Partial Hospitalization (PPH):

The mission of the PPH program is to restore and promote the psychiatric recovery of veterans who are dealing with an acute psychiatric and/or substance related problem that is interfering with day-to-day social, vocational, interpersonal, and/or educational functioning. PPH is a structured, milieu-based, group program with a duration of 3 weeks. Referrals are accepted from the inpatient psychiatric ward, outpatient providers, and rural Community Based Outpatient Clinics. PPH staff utilize a variety of therapeutic approaches, including cognitive behavioral therapy, motivational enhancement, dialectical behavior skills training, behavioral activation, and behavioral rehearsal. The program uses an interdisciplinary approach with psychiatry, psychology, social work, nursing, and

recreational therapy staff working together, in collaboration with each veteran's other treatment providers, to provide comprehensive psychiatric interventions. Each veteran is assigned a Treatment Coordinator whose primary responsibility is the development of the treatment and discharge plans.

During the first several days of attendance, veterans participate in an interdisciplinary assessment to evaluate psychiatric status, assess psychosocial needs, review medical background, complete safety planning, identify treatment goals, and assess readiness to make desired changes. Veterans often receive a comprehensive psychological assessment, using assessment instruments such as the MMPI-2-RF or the PAI. Additional assessments such as vocational assessments may also be completed. Results of the assessments are used in the development of the PPH treatment plan.

Primary Program Elements: Primary program elements include psychological assessment, psychiatric evaluations and medication management, My Action Plan (MAP), group psychotherapy, CBT/DBT skills groups, mind-body skills groups, PTSD recovery skills groups, substance-related recovery groups, individual treatment coordination and treatment planning sessions, individual motivational enhancement sessions, skills training classes for anger management, assertiveness, relaxation, and sleep hygiene, vocational assessment and interventions as needed, recreational therapy assessment and interventions, Family & Friends Day programming, and creative arts interventions. Interventions may be delivered in person or via telehealth, depending on the state of the pandemic.

Supervisor: Drs. Breuer, Broden, Ferrier-Auerbach (ABPP), Langer, and Lewis.

Prolonged Exposure:

PE is an evidence-based, cognitive behavioral treatment for PTSD in which clients engage in individual therapy to help them process traumatic events and thus reduce trauma-induced psychological disturbances. Twenty years of research have shown that PE significantly reduces the symptoms of PTSD, depression, anger, and general anxiety. The standard treatment program consists of nine to twelve, 90-minute sessions. Treatment components include psychoeducation, in- vivo and imaginal exposure procedures. The PE clinic provides training consisting of didactics, a video instruction series, and weekly multidisciplinary case consultation. Opportunities are available for trainees to serve as individual therapists.

Supervisors: Drs. Ferrier-Auerbach (ABPP) and Voller. [can be available as part of the Team L (Trauma) Rotation]

Psychological Assessment Clinic:

Through this year-long group training experience, trainees conduct a range of assessments for the purpose of psychodiagnosis and treatment planning. Competencies emphasized include diagnostic interviewing, intellectual assessment, personality assessment and the provision of consultation and peer supervision. Trainees can expect to become familiar

with the relevant research.

Supervisors: Drs. Kaler and Siegel (ABPP).

Rehabilitation Psychology:

This rotation takes place within the Extended Care and Rehabilitation (EC&R) Patient Service Line. Trainee experiences may include work with any of the following patient populations: polytrauma/traumatic brain injury, stroke, amputation, spinal cord injury and related disorders, chronic pain, and other complex medical conditions. On the Rehabilitation Psychology rotation, trainees will specialize in one or two of the above listed rehab areas within the EC&R service line. Trainees will function as members of the interdisciplinary treatment team along with physiatrists, occupational therapists, physical therapists, recreation therapists, speech therapists, dietitians, pharmacists, neuropsychologists, psychologists, vocational rehabilitation specialists, social workers, rehabilitation nurses, chaplains, vision specialists, and respiratory therapists. Trainees will have opportunities to participate in acute inpatient and outpatient assessment and intervention, including individual and group psychotherapy, behavioral interventions, consultation and co-treatment with other members of the rehabilitation team, cognitive assessment, diagnostic evaluations, patient rounds, vocational rehabilitation, psychoeducation, and family conferences. Opportunities are also available for group and/or individual interventions with patients' family members.

Research involvement is an option depending on trainee interests. Data are currently available to examine short- and long-term consequences of mild to severe TBI, nature of mild TBI and post-concussive symptoms, prediction of rehabilitation outcomes, psychological and neuropsychological assessment with rehabilitation populations, pain and pain-related rehabilitation, and community reintegration.

Supervisors: Drs. Bares, Bauste, Blahnik, Collins, Finn, Gause, Hachiya, Heideman, Howard, Irish, Johnsen-Buss (ABPP), Jones, Kellerman, McGuire, Petska, Shollenbarger, and Sim (ABPP).

Team B (Mood and Anxiety Disorders, General Psychiatry):

This team specializes in mood and anxiety disorders and also treats veterans with other mental health problems, including personality disorders. The team is staffed by psychologists, clinical social workers, licensed practical nurses, staff nurses, an advanced practice nurse, psychiatrists, and support staff. Team members represent diverse theoretical perspectives and employ intervention models that include acceptance-based, cognitive- behavioral, and interpersonally-oriented approaches. This rotation emphasizes diagnostic evaluation and intervention. Trainees work with their supervisors to develop individualized training plans, which may include personality assessments, individual psychotherapy, couple therapy, group psychotherapy, psychoeducational classes for veterans, and participation in multidisciplinary treatment planning. Opportunities for telemedicine and for projects related to clinical program management and research are

also available.

Supervisors: Drs. Hess, Perry, Mosher (ABPP), Robison-Andrew, and Urošević.

Trauma Services - Team L:

This rotation provides training in the assessment and treatment of patients with acute and chronic trauma-related disorders. Through clinical experience, supervision, and didactic training, trainees can expect to develop a comprehensive understanding of the sequelae of trauma and treatment approaches for trauma-related disorders. Skills developed on this rotation include: diagnostic interviewing, psychological assessment using objective testing and interviews, psychotherapy with individuals, families, and groups, and consultation to the multidisciplinary team. Trainees also have the opportunity to participate in psychoeducational activities. Treatment orientations include cognitive-behavioral, family systems, and narrative, but there is an emphasis on empirically supported treatments including Acceptance and Commitment Therapy, Cognitive Processing Therapy, Dialectic Behavior Therapy, and Prolonged Exposure. Experiences can include PE, DBT, skills groups, and community-based skills practice outings. Trainees have the opportunity to fully participate in these activities and function as an active member of a multidisciplinary team.

Supervisors: Drs. Andrews, Battles, Chuick, Hass, Kaler, McManus, Morris, Voller, and Wagner (ABPP).

Team Z (Serious Mental Illness):

This is an interprofessional team that serves veterans who are living with serious mental illness such as bipolar disorder, schizophrenia and other psychotic disorders, although veterans with other diagnoses are also seen. Team members promote the use of evidence-based practices and have been specifically trained in a variety of intervention models. Although some clinicians may assume that biological abnormalities in psychotic disorders justify only somatic (medication management) treatment, there is a vast need for psychological and psychosocial interventions with these individuals. We adhere to the philosophy of the Psychiatric Rehabilitation Association (PRA) in providing psychosocial rehabilitation and recovery-oriented services to focus on a person's strengths and to help them live a fulfilling and productive life while also living with SMI. Our primary goal is to promote the individual's mental health recovery, measured not only as a reduction in symptoms but also as enhanced overall functioning, which includes improved relationships and life satisfaction. Our emphasis is to involve veterans in client- centered treatment planning and to help them learn skills necessary to attain the highest level of functioning in the community.

Several staff members have obtained their credential as a Certified Psychiatric Rehabilitation Practitioner (CPRP). Trainees develop competence in the conceptualization and assessment of psychosis and other psychiatric symptoms, as well as in the assessment of cognitive and social functioning. Trainees working with the team will have

the opportunity to participate in team intake evaluations, objective psychological assessment, cognitive screenings, and neuropsychological evaluations. Training opportunities also exist for individual therapy, psychoeducation, skills groups, other group therapy, and couples or family interventions. Further, trainees may have the opportunity to provide consultation to other mental health teams as well as the greater medical center. Another element of the rotation is potential involvement in the Psychosocial Rehabilitation and Recovery Center (PRRC). The PRRC (locally called Veterans Bridge to Recovery, or VBR) is a recovery-oriented milieu treatment program for individuals with serious mental illnesses. It is a long-term program with emphases on skills training, healthy living, and community integration. The program utilizes a variety of evidence-based treatments such as Wellness Management and Recovery, Wellness Recovery Action Planning, Family Psychoeducation, and Social Skills Training. PRRC clinicians spend a significant portion of their time in the community with veterans participating in group activities that enhance skills for community living. Trainees working in the PRRC have opportunities to conduct intake assessments, psychosocial rehabilitation counseling/coaching, educational groups, collaborative treatment planning, community integration outings, and to work across teams and programs to help veterans with SMI access needed cares. Presently, clinical intervention research on Team Z/VBR is focused on evaluating the efficacy of interventions for individuals with serious mental illness. Several interventions, including Family Psychoeducation, a cognitive-behavioral group, and a social-cognitive skills training group are the focus of ongoing investigations. A family study of schizophrenia that examines cognitive and brain-based markers of vulnerability to illness is also being conducted.

Trainees with the team will have the unique opportunity to be involved in the Interprofessional Practice and Education (IPE) training program. This is a program housed within Team Z offering specific educational instruction and clinical experiences that are designed to allow trainees from multiple disciplines (Nursing, Pharmacy, Psychology, and Social Work) to learn with, from, and about each other. The IPE program places deliberate attention to the development and exploration of team process, not just clinical content and specific tasks to be completed. Clinical experiences are emphasized, so that trainees will see the connection between their educational experiences and ongoing clinical practice. The goal of the IPE program within Team Z is to facilitate interprofessional collaboration (IPC) which is considered to be a key to enhancing mental health services provided to clients, families, and associated providers in the community; improving patient outcomes, cost efficiency, health care satisfaction; and training clinicians who are prepared to function in patient-centered, team-based models of mental health outpatient care.

Throughout the VA, similar IPE programs are intended to increase expertise in critical areas of need, expand the recruitment pipeline of well-trained and highly qualified mental health providers, and promote the utilization of patient-centered interprofessional team-based care.

Supervisors: Drs. Hegeman, Nienow, Rodgers and Quinlan. Research Mentors: Drs. Nienow and Sponheim.

Time-Limited Dynamic Psychotherapy (TLDP):

This adjunctive training experience provides integrative instruction in Time-Limited Dynamic Psychotherapy (TLDP) and the principles of Accelerated Experiential Dynamic Psychotherapy (AEDP). TLDP is an attachment-based, empirically supported, brief approach that emphasizes experiential growth and healing for veteran who struggle with long-standing challenges with relating to others. The therapy focuses on experiential growth through the therapeutic relationship. It requires being attuned to the client, staying aware of one's countertransference; recognizing transference–countertransference reenactments; and providing corrective, interpersonal experiences in the therapy relationship. The goal is not symptom reduction, per se, but rather to change ingrained relational patterns. Therapy is typically 16 sessions and this therapy is particularly effective for veterans with long-standing insecure attachment and chronic interpersonal and intrapersonal challenges. Trainees participate in a group supervision model of training to learn and apply TLDP with a minimum of one patient during the course of the 6-month training clinic. Competencies acquired include case conceptualization and application of TLDP as well as peer consultation. Supervision also embodies TLDP principles and is founded on stances of loving-kindness and transparent self-honesty.

Supervisor: Dr. Wagner (ABPP).

Vocational Psychology:

This rotation takes place within the VHA Vocational Rehabilitation program under the supervision of trained and credentialed psychologists in the area of employment and vocational rehabilitation. Trainees can expect to learn the interplay between the world of work and veteran's readiness to return to work and manage clinical issues that come into play as barriers to employment: mental health, TBI, PTSD, musculoskeletal, pain, personality. Trainees will also get exposure to full spectrum of employment transition models and apply psychological interventions to enhance motivation and commitment. The psychologist's role in vocational and employment services will be examined, including the role of assessment, intervention and consultation with VA and community providers. This rotation will also include opportunity to interact with employers, conducting trainings, workshops and consulting on best practices for recruiting and retaining Veterans with and without disabilities.

Supervisors: Drs. Battles. Broden, and Angela Sherburne.

Program Structure

Time Commitment

The postdoctoral residency requires a one-year, full-time training commitment, with residents averaging 50 hours per week on site. To ensure a sufficient breadth of training experience and that residents meet the training program's defined goals, some clinical training outside of a chosen focus area is required. At a minimum, for one day per week over a 12-week period, the resident will work on a clinical team that is outside of their chosen focus area. It is expected that this experience will complement the more focused training that occurs in the focus area. Residents may also choose to participate in one or more of the Adjunctive Training Clinics. (click on the *Activities* in the right navigation menu for possible training options).

Note: Consistent with the APA Standards of Accreditation, it is expected that postdoctoral residents will complete the entire training term without exception. For our Clinical Psychology program with focuses in Primary Care Psychology, Serious Mental illness, and Trauma, the duration of the training program is one full calendar year. For training in Clinical Neuropsychology and Rehabilitation Psychology, the duration of the training experience is two full calendar years.

Supervision

Residents receive 2 to 4 hours of individual supervision per week in addition to group supervision obtained through some clinical activities. Styles and modes of supervision vary according to setting. Video recording, other forms of direct observation, and co-therapy are among some of the tools used to aid in supervision. Residents receive supervision on all of their clinical, consultative, supervisory, and research activities. Residents should expect to be assigned readings and literature reviews as part of their supervision. Some supervision may occur through telephone or video-based systems will be consistent with requirements defined by the APA Commission on Accreditation and the Veterans Administration. The training provided meets the requirements for licensure as a psychologist in the state of Minnesota.

Mentorship

Residents will be matched to a training mentor whose interests and experiences reflect the goals of the resident. In many cases this will be their primary supervisor. The mentor will assist the resident in selecting appropriate clinical and scholarly experiences that facilitate the realization of training goals. It is presumed that the resident will work closely with the mentor throughout the training year in both a supervisory and collegial context, culminating in the resident’s movement toward greater autonomy and an

advanced level of practice.

Evaluations

The performance and progress of residents and the effectiveness of the postdoctoral training program will be evaluated with multiple criterion measures throughout the training year and upon completion of the training program. Methods of evaluation will include the use of rating scales and interviews with the residents, their supervisors, and affiliated staff members.

Residents, their respective mentors, and other supervisors will complete rating scales with regard to each resident's performance at the end of months 4, 8, and 12 of the training year. Residents will be rated on each of the separately accredited postdoctoral programs' defined competencies. Each program's competencies can be found on the "Overview" page of each program (e.g., Overview - Clinical Psychology Program, Overview - Clinical Neuropsychology Specialty, and Overview - Rehabilitation Psychology Specialty). The resident will meet with the supervisors to review the ratings and to discuss goals for further development. The Directors of Training will also meet with each resident to review the performance ratings, provide any additional guidance or recommendations and obtain feedback on the resident's perception of the training program.

Minimum Level of Achievement

Consistent with APA accreditation requirements, we have identified clear minimum levels of expected achievement:

In order for residents to maintain good standing in the program, they must:

1. For the first two trimesters, obtain ratings of at least a "3" [Regular supervision required on challenging cases/projects and in new skill areas (intern entry-level)] for all competencies on the Trimester Evaluation form.
2. Not be found to have engaged in any significant unethical behavior.

In order for residents to successfully complete the program, they must:

1. By the end of the last training trimester, obtain ratings of at least a "7" or higher [Sound critical thinking/judgment is evidenced in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level)] for each competency on the Trimester Evaluation form.
2. Not be found to have engaged in any significant unprofessional or unethical behavior.

Training Program Evaluation

Residents complete formal rating scales after six months and at the end of the training year

to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. The training directors review the residents' satisfaction ratings and take reasonable steps to address any areas of concern. Exit interviews with the residents by the training directors will be completed at the end of the training year in order to gather additional feedback about the training experience and in order to inform the continuous improvement of the postdoctoral training program. It is expected that residents will provide feedback to their supervisors on an ongoing basis, as well, concerning their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this document may be obtained by using the e-mail address found in the application section of this brochure.

Diversity Awareness Sensitivity and Training

The Minneapolis VAHCS and the Psychology training programs are deeply committed to the training of future psychologists from a culturally competent framework and fostering an environment that is highly sensitive to and appreciative of all aspects of diversity. We believe that increased self-awareness and appreciation for other viewpoints and cultures make psychologists more effective practitioners, scientists, and teachers. Additionally, acknowledgment of historical systems of oppression is critical in changing the status quo. For these reasons, sensitivity to individual differences and cultural diversity is an integral part of our training philosophy.

The Minneapolis VAHCS Psychology Training Programs strongly support and strive to provide training consistent with the CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit.

The recent murders of George Floyd and Daunte Wright in our local community, along with the COVID-19 pandemic, have highlighted the continuation of long-standing racial injustices and disparities in our society. These events have prompted our facility and training programs to take a closer look at ourselves and have hard and needed conversations about our own role in cultivating equity, justice, and anti-oppressive practices. The psychology training program is committed to real change at VA, local, and national levels, and we welcome trainee involvement in these endeavors. Some examples of recent initiatives are noted in the section below, "Involvement in Policy Change."

Our overall objective is to provide trainees with the skills and knowledge to leave their training year to provide clinical services across cultures and diverse settings. Internship and residency are training years focused on the implementation of graduate school knowledge, and the acquisition/enhancement of clinical skill. Consistent with this aim and the program's culture and diversity training philosophy, training is focused on learning how to integrate diversity-related knowledge, skills, awareness and sensitivity into clinical services. A specific emphasis is placed on incorporating prior/current diversity-related concepts and knowledge into evidence-based therapy and assessment practices.

Culture and Diversity Training Program Philosophy:

The psychology programs are devoted to cultural and structural competencies and are predicated on the idea that psychology practice is enhanced when we develop a broader and more adept view of what it is to be human – with our many individual and cultural differences. We believe that our practice advances when we make a conscious intent to use our skills, knowledge, awareness, and sensitivity to effectively communicate and function within any given diverse context or encounter. Consequently, our approach to cultural competency training focuses on the following key domains for both training staff and trainees:

Cultural Skill: We subscribe to the belief that cultural competence is not only comprised of values and principles but a set of demonstrated skills (e.g., knowledge, awareness, sensitivity, etc.). Furthermore, we regard cultural competence as an extension of the therapeutic relationship and, as such, vital to the repertoire of clinical skills of any psychologist.

Cultural Knowledge: Historically, programs have relied on a content-based approach to deliver cultural knowledge. However, this training method is inefficient, as it is not feasible or reasonable to learn and retain facts about all diverse groups. Through this approach, trainees often learn broad cultural knowledge about highly heterogeneous groups instead of learning how to efficiently gather cultural knowledge when needed to facilitate their therapeutic encounter. We strongly believe that being knowledgeable about an individual's unique worldview (e.g., values, beliefs, etc.) is essential for cultural competency. Our objective is to equip trainees with the skill to know how to effectively gather cultural knowledge from several sources to best serve the healthcare needs of individuals from diverse backgrounds. We believe that understanding the systemic and structural oppression that has and continues to oppress marginalized groups is key to not only providing culturally competent psychological services but also to effecting change at a systemic level.

Cultural Awareness: While the skill of gathering cultural knowledge is a key component of cultural competency, cultural awareness and sensitivity are at the heart of the cultural competency experiential process. For this reason, the Minneapolis VAHCS places high value and focus on cultural awareness training, both as a valued perspective and demonstrable skill. In addition, our goal is to avoid any further perpetuation of the consumer model of cultural and diversity training where psychology trainees learn cultural information (content-based didactics with facts about diverse groups) without being challenged to demonstrate an understanding of how their personal attitudes and biases affect how they understand and interact with individuals who are different from themselves. Our objective here is twofold: a) foster and/or promote a perspective that values cultural awareness, and b) assist trainees and staff in refining the life-long skill of self-examination and self-awareness. To this end, our training program includes awareness training through a variety of means provoking self-reflection.

Cultural Sensitivity: Like cultural awareness, cultural sensitivity requires a change in attitude. Cultural sensitivity is a highly complex interpersonal process that leads to a perspective where one genuinely values and respects diverse worldviews. This attitude embodies openness and flexibility when working with individuals from diverse backgrounds. While cultural awareness forms the initial foundation of cultural competency (i.e., becoming conscious of personal cultural values, beliefs, and perceptions), cultural sensitivity is the catalyst or experiential process where one becomes simultaneously a) aware of our personal worldview, b) aware of our patient's worldview, and c) willing/able to foster a therapeutic alliance where both perspectives are harmoniously integrated in assessment and treatment. From a demonstrable skills perspective, we believe that cultural sensitivity relies on several skills including the skill of self-reflection (i.e., awareness) and effective gathering of cultural knowledge.

Cultural Humility: The training program has a strong commitment to fostering a culture of personal and structural introspection, reflection, and non-defensiveness with regard to aspects of culture and diversity. We are well aware that this is an ongoing and lifelong

learning process. Therefore, we must be humble and flexible, bold enough to look at ourselves critically, and invested in learning more, as individuals, as a training program, and as an institution.

*** The information and initiatives outlined above come from an ongoing diversity training initiative by the Minneapolis VA Psychology Training Programs that started in 2016. The goal was and continues to be to improve the quality of the cultural diversity training that we offer as well as increase the individual and cultural diversity of our training classes.

Seminars and Didactics

The Diversity Seminar is a monthly training didactic for psychology pre-doctoral interns and post-doctoral residents. Attending this seminar is required of trainees. The curriculum for the seminar is based on our Culture and Diversity Training Program Philosophy of developing greater cultural knowledge, awareness, sensitivity, and skills. For example, multicultural assessment and intervention practices are reviewed and practiced via role-play during the seminar. Cross-cultural case examples are used to teach trainees how to be more effective in multicultural assessment and intervention. Trainees are challenged to reflect on the cross-cultural experiences they have had during their training year through monthly written reflection assignments used to increase awareness and sensitivity to cultural factors.

- Understanding multicultural Intersectionality
- Becoming a more socially just psychologist
- Self-reflection on our own biases in clinical settings
- Putting acculturation knowledge into clinical practice
- Performing a culturally competent clinical assessment
- Bystander Intervention Training for Workplace Harassment

Diversity-Related Training Opportunities:

Training at a Veteran's Affairs Health Care System provides unique opportunities for working with patients having diverse, intersecting cultural identities including military/veteran culture, age, sexual orientation, gender and gender identity, disability, socioeconomic status, race and ethnicity, and religion. Opportunities for working with aspects of diversity are available across training opportunities and rotations. Your supervisors will work with you to create an individualized training plan that meets your personal goals. Population-specific training opportunities also include the following:

<u>Rural Communities</u>

In addition to our large medical center in Minneapolis, our VA includes 13 community outpatient clinics providing services to Veterans in outstate Minnesota and western Wisconsin. Thus, our health center serves veterans from diverse urban, rural, and suburban communities. While rural communities have historically been underserved with regards to access to mental health treatment, the VA has been closing that gap (Mott et al., 2015). Trainees at the Minneapolis VA have the opportunity for providing services using telehealth across training opportunities, including neuropsychology, if interested.

Age and Generational Differences

Veterans of diverse ages and military eras are seen in all clinics of the Minneapolis VAHCS. In addition, there are specific training opportunities available in the Older Adult Mental & Behavioral Health Team, working with veterans over age 70, and providing Primary Care-Mental Health Integration services for younger cohorts of veterans returning from deployment. Younger veterans are also seen in all clinics, and notably in post 9/11 transition care.

Women Veterans

Women make up the fastest growing group of veterans. Training opportunities are available for working with women veterans across mental health teams at the Minneapolis VAHCS, and through Primary Care-Mental Health Integration in our Women Veterans Comprehensive Health Care Center. All mental health teams at the Minneapolis VA have women Veteran champions. Training opportunities may include the possibility of co-facilitating women's groups for chronic pain and/or sexual health.

Sexual Orientation and Gender Identity

The Minneapolis VAHCS is committed to providing affirming services to veterans with sexual or gender minority identities. Estimates from a 2014 study reports approximately 150,000 transgender individuals have served in the armed forces, although this is likely an underestimation. Transgender and non-binary individuals are overrepresented in the veteran population, serving at twice the rate as the cisgender population (20% vs. 10% respectively). As one of the largest healthcare systems dispensing care for transgender or gender diverse individuals, the VA seeks to provide comprehensive, gender-affirmative care services. All mental health teams have transgender care champions. Individuals with sexual and gender minority identities are seen in all clinics at the Minneapolis VAHCS. There are also training opportunities available in working with Veterans seeking gender-affirming care, including hormone therapy and procedures. Click on the following link to go to the Minneapolis VAHCS LGBT web page.

Disability

There are numerous opportunities to work with veterans with disability, especially through our Rehabilitation Psychology rotation and APA-accredited postdoctoral fellowship. *Additional specific experiences include rotations within our Spinal Cord Injury unit, Pain Clinic, Polytrauma Unit, and with evaluations such as for cochlear implants.*

Racial and Ethnic Diversity

The US Department of Defense releases information about the makeup of the military. In fiscal year 2018, for example, 31.0% of Active Duty Servicemembers and 26.1% of Reserve and Guard Servicemembers self-identified as a racial minority. Within the Minneapolis VA system, there are multiple opportunities to work with people of color or people who represent ethnic minorities across all major rotations and adjunctive experiences, or with the Race-Based Stress and Trauma intervention designed for BIPOC veterans (Carlson et al., 2018).

Involvement in Policy Change

In 2019, the Psychology Training Diversity Enhancement Council (PTDEC) was formed to advise the psychology training committee about how to continuously improve the program's commitment to and awareness of diversity. Currently, the group is comprised of several staff members, intern representatives, and postdoctoral fellow representatives. Projects have included conducting a diversity climate survey and using the results to inform changes within our MH service line, making changes to staff hiring processes in an attempt to reach a broader and more diverse applicant pool, incorporating equity considerations more explicitly into the internship application process, implementing a mentorship program, and increasing staff access to trainings in the areas of diversity and multicultural competence.

Living in the Twin Cities

The metropolitan area of Minneapolis and Saint Paul are often referred to as the Twin Cities, due to the geographical proximity of these two cities. Recent population estimates of the Twin Cities are over 3 million, with much of the population residing within the Minneapolis and Saint Paul city limits. Between 1990-2000 the metro area had a 127% increase in foreign-born population. The Twin Cities has the largest American populations of Somali, Vietnamese, and Hmong; many consider Minneapolis an immigrant entryway to the US. Minneapolis has the fourth highest per capita percentage of LGBT individuals among all US cities. The Twin Cities Pride Festival occurs annually in June and is third largest pride celebration in the country, behind New York and San Francisco.

Like other large metropolitan areas, the Twin Cities has two airports (Minneapolis-Saint Paul International Airport, St. Paul Downtown Airport), an extensive freeway system, and easy to use public transportation. While many residents in the Twin Cities commute by driving, other modes are transportation are widely used. These include use of city and suburban buses, Metro Transit Light Rail, and bike commuting. In fact, the number of Minneapolis bike commuters ranks third in the nation among cities of more than 100,000. This is in large part due to the city's investment in infrastructures such as bike

lanes, paved bike trails, and bike sharing. There are many opportunities to spend time involved in outdoor recreation. For example, the city Minneapolis has over 83 miles of off-street trails, 22 lakes, and 12 formal gardens. Many outdoor recreation areas are also accessible for persons with disabilities. Minneapolis park system was rated #1 for the 6th year in a row and over 97% of its residents live within a 10-minute walk from a park. The Twin Cities area provides an array of cultural opportunities including numerous festivals, LGBTQ events, music venues, advocacy groups, and involvement in faith communities. Visit Explore Minnesota for more information about Minnesota events and activities.

Twin Cities Diversity Related Demographics

- Estimates 23-35% ethnic minorities (non-white identified people). The percentage is expected to increase to 40% by 2040. There has been a 20% growth in the people of color population since 2010 in Minnesota as a whole.
- We don't have good statistics, but the Twin Cities has generally been a relatively LGBT affirming community. Right to marry, large LGBT population, thriving PRIDE festival, etc.
- Roughly 10.9% of Minnesotans have one or more disability, with Minneapolis and St. Paul housing the largest population of persons with disabilities in the state.

COVID-19 Impact on Training

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Minneapolis VAHCS psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve for the 2022/2023 training year.

With confidence, we can say that there will likely be a mix of on-site and remote telehealth work, based on patient care, training needs, federal requirements, and APA-accreditation standards. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials.

Although a lot has happened since the spring of 2020, when trainees and staff abruptly shifted to providing clinical services and training remotely, our dedication to high-quality clinical care and psychology training and our dedication to the trainees themselves has

never been stronger. These will always be cornerstone elements of the Minneapolis VAHCS psychology programs. This we can predict!

We will update our public materials as we know more about what will be for the 2022/2023 training year. Please feel free to reach out to us if you have any questions. Contact information can be found at the bottom of the Application Process page.

Research Training Experiences

Scholarly training is an important part of our training program's scientist-practitioner model. Postdoctoral residents will be provided with research training experiences that will enhance their ability to apply scientific knowledge to the clinical setting and produce or contribute to clinically relevant research. Postdoctoral residents are expected to be involved in scholarly activities in collaboration with a staff Clinician Investigator conducting research at the Minneapolis VA Health Care System and/or University of Minnesota. The staff clinician investigator will serve as the postdoctoral resident's preceptor. The preceptor will work closely with the postdoctoral resident to develop and execute an individualized scholarly training plan. This plan can vary in scope from literature reviews to new analyses that make use of existing data sets or existing data collection opportunities. Original or new data collection is only possible with program evaluation projects. Preceptors and research projects will be matched based on the postdoctoral resident's background and training, interests, and career goals. Research activities and progress will be supervised and monitored through regular meetings between the postdoctoral resident and preceptor. As part of our junior colleague developmental training model, the preceptor will assist the postdoctoral resident in his/her professional development as a scientist-practitioner psychologist in training. Postdoctoral residents are expected to contribute to the development of a scholarly product, such as authorship on a submitted manuscript, chapter, or peer-reviewed conference presentation or poster. Products and level of authorship will be commensurate with the overall scope of the project and the postdoctoral resident's level of involvement. Postdoctoral residents are encouraged to attend and present at scientific or professional meetings. Although some funding may be available, it is not guaranteed.

Time Allocated for Research/Scholarly Projects: Between 10% and 49% time is allocated for research and scholarly activities over the course of the training program. Please refer to the Clinical Psychology, Neuropsychological, and Rehabilitation Psychology program descriptions terms of research and scholarly opportunities. Additional time both on and off site can be used for research depending on a postdoctoral resident's individual goals and the complexity of the research project. However, any time worked beyond 40 hours is optional. Research time devoted per week will vary depending on a range of factors.

Current Grants and Research Projects

The Psychology Staff Clinician Investigators at the Minneapolis VA Health Care System offer postdoctoral residents opportunities to be involved in cutting edge research across a range of areas including, psychological assessment, personality and psychopathology, neural mechanisms of psychopathology, behavioral genetics, neuropsychology, risk and resilience, sensor technologies and mHealth/ecological momentary assessment methodology, suicide risk and prevention, and randomized clinical trials evaluating treatment

modalities.

Below is a list of potential research preceptors available for the upcoming training year in alphabetical order. Each clinician investigator has an active, ongoing research program, dedicated time for research and research training, and desire to serve as a research preceptor. Through various collaborative projects, postdoctoral residents may also have the opportunity to work with research teams involving investigators at other VA medical centers, universities, and from other disciplines.

Paul Arbisi, Ph.D., ABPP

Clinical Interests:

- Rapid and accurate assessment and diagnosis of psychopathology in outpatient settings to facilitate triage and treatment planning.
- Consultation with inpatient psychiatry team on diagnostically challenging inpatients. Assessment of motivation for treatment within the context of compensation seeking.

Research Interests:

- Use of the MMPI-3 to improve clinical prediction in psychiatric and medical settings
- Validation of the MMPI-3 in medical and psychiatric settings
- The contribution of personality to the development of resilience after exposure to traumatic events. Do dimensional definitions of endophenotypes better account for genetic vulnerability to the development of stress related conditions?
- Use of the MMPI-3 in detection of non-credible responding in psychiatric and medical settings
- Evidenced based assessment of PTSD

Email: paul.arbisi@va.gov
Phone: 612.725.2074

Carol Chu, Ph.D.

Dr. Chu is a staff psychologist and clinician investigator at the Minneapolis VA Health Care System. At the University of Minnesota, she holds an appointment as an Assistant Professor in the Department of Psychiatry. She is a psychologist on Team B in the Mental Health Service Line with expertise in interventions and assessments for adults presenting with severe mental health symptoms, sleep problems, and self-injurious behaviors, including Cognitive Behavioral Therapy and Dialectical Behavior Therapy. Dr. Chu's translational suicide prevention research program focuses on enhancing identification of Veterans at high risk for suicide and facilitating connection to care. She has published over 60 peer-reviewed publications on suicide prediction and prevention. Her work incorporates longitudinal designs and multiple methods, including functional brain imaging, neurochemistry, behavioral tasks, self-report measures, and ecological momentary assessment. Dr. Chu's recent projects focus on characterizing biological, psychosocial, and clinical correlates associated with elevated suicide risk and reduced

treatment help-seeking among high-risk veterans recently discharged from inpatient hospitalization. She works with interns and postdoctoral level trainees in a clinical and research mentorship capacity.

Clinical Interests:

- Evidence-based interventions and assessments for self-injury and suicide risk
- Individual and group psychotherapy for adults with severe mental health symptoms
- Dialectical Behavior Therapy
- Cognitive Behavioral Therapy

Research Interests:

- Biological, psychosocial and clinical correlates associated with suicide risk
- Transition from suicidal thoughts to suicidal behaviors
- Suicide risk and protective factors
- Acute risk populations and time periods
- Suicide risk assessments
- Treatment help-seeking

Email: Carol.Yu@va.gov
Phone: 612-467-4426

Seth Disner, Ph.D.

Dr. Disner is a clinical psychologist and clinician investigator in the Mental Health Service Line. He also holds an appointment as an Assistant Professor in the Department of Psychiatry at the University of Minnesota. Dr. Disner's research broadly focuses on understanding the biological and cognitive mechanisms underlying trauma-related psychopathology, including PTSD and the aftereffects of mild traumatic brain injury (mTBI). He serves as the principal investigator for the Predicting Rehabilitation Outcomes Using DNA (PROUD) study, and has collaborated extensively with local research groups and with national/international consortia that seek to power large-scale analyses of trauma-related systems. These efforts include the Psychiatric Genomics Consortium – PTSD working group, which Dr. Disner helps to lead by overseeing and coordinating all TBI efforts, and the Enhancing Neuroimaging Genetics Through Meta-Analysis (ENIGMA) workgroups on PTSD and Brain Injury. Within these collaborations, Dr. Disner has worked to understand how individual differences in trauma outcomes may be linked to genetic risk factors (including genome-wide association studies and polygenic risk scoring), neuroimaging correlates (including structural and functional MRI), and maladaptive cognitive processes (including cognitive biases and subjective cognitive complaints). Dr. Disner is also working extensively with large-scale biobanks and health record systems to power the largest-to-date genetic analysis of TBI and post-concussive symptoms. Dr. Disner has previously been extensively involved in using neuromodulation strategies to target internalizing disorders, and has worked or advised on projects that have led to the introduction of multiple novel clinical interventions, including transcranial magnetic stimulation. In addition to his supervision of MVAHCS trainees, Dr. Disner has also helped mentor undergraduate and post-baccalaureate

students from local institutions, including the University of Minnesota, Macalester College, University of St. Thomas, and Hamline University.

Clinical Interests:

Providing evidence-based assessment and treatment with a particular interest in internalizing disorders such as PTSD, depression, and anxiety. Treatment modalities include:

- Cognitive Behavioral Therapy (CBT)
- Prolonged Exposure (PE)
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Imagery Rehearsal Therapy for nightmares (IRT)

Research Interests:

- Trauma-related disorders (e.g., PTSD, traumatic brain injury)
- Genetics (e.g., polygenic risk scoring, genome-wide association studies)
- Neuroimaging (e.g., structural and functional MRI)
- Cognitive assessment
- Rehabilitation outcomes

Email: seth.disner@va.gov
Phone: 612-629-7349

Jacob Finn, Ph.D.

Dr. Finn is a staff psychologist and clinician investigator in the Rehabilitation & Extended Care (REC) Service Line at the Minneapolis VA Health Care System. He also is an Assistant Professor in the Research Track at the Department of Psychiatry & Behavioral Sciences at the University of Minnesota. Dr. Finn is the Project Director for the Minneapolis Polytrauma Rehabilitation Center Traumatic Brain Injury Model Systems research program. He serves as an external member of the Mayo Clinic TBI Regional Advisory Council, and he co-chairs the TBI Model Systems Behavioral Health Special Interest Group. He also is a member of the Minneapolis VA's Family & Caregiver Support Committee. Broadly, Dr. Finn's research program focuses on ways to personalize health care services through the translation of meaningful individual differences into effective and efficient medical and mental health treatment.

Clinical Interests:

Assessment of personality traits and transdiagnostic symptom dimensions
Utilization of collaborative/therapeutic assessment techniques
Transdiagnostic treatment protocols and techniques
Service Members and Veterans who survived a TBI and their family care partners

Research Interests:

Bidirectional influence of TBI on mental health and mental health on TBI recovery

Clinical utility of dimensional models of personality and psychopathology, as well as their assessments and treatment protocols
Interpersonal functioning post-injury, including relationships with family, friends, and providers
Service Members and Veterans who survived a TBI and their family care partners

Email: Jacob.Finn@va.gov
Phone: 612.467.3554

Adriana Hughes, Ph.D.

Dr. Hughes leads the Cognition, Aging, and Technology (CAT) Lab at the Minneapolis VA. Dr. Hughes' research focuses on advancing early detection and monitoring of cognitive and daily functioning declines in normal aging, MCI, and AD/ADRD through in-home sensor-based activity monitoring technologies. Early detection of MCI and characterization of subtle daily functioning declines in MCI are important for guiding timely and targeted intervention to prevent health deterioration and loss of independence. Dr. Hughes' research has received funding through NIH/NIA, VA Research & Development, and the University of Minnesota. Dr. Hughes and her colleagues have shown that subtle changes in real-world instrumental activities of daily living, such as older adults' medication taking and driving habits, can be assessed with sensor technologies and may be early signals of MCI. Recent published work has shown that in-home activity monitoring is feasible and well-accepted in aging Veterans and has highlighted relationships between technology attitudes, technology readiness, and cognitive functioning in older Veterans with MCI and normal cognition. Current investigations include determining the real-world IADLs and IADL features that are most predictive of MCI and cognitive decline in older adults and exploring the underlying cognitive abilities that contribute to real-world IADL performance in older adults. Dr. Hughes and her colleagues are also focused on developing and testing new technology-based assessment tools and interventions for people with MCI and for caregivers of people with cognitive impairment. Dr. Hughes uses quantitative and qualitative methods in her research, including remote passive sensor- and software- based activity monitoring, weekly and monthly web-based surveys and cognitive tests, and gold standard clinical assessments that include structured clinical interviews, validated questionnaires of mood, physical health, and daily functioning, a comprehensive battery of validated neuropsychological tests, and semi-structured interviews and focus groups. As an interdisciplinary researcher, Dr. Hughes' collaborates with engineers and data scientists, biostatisticians, and researchers, clinicians, allied health professionals, students, and trainees in psychology, public health, speech and language pathology, and rehabilitation medicine.

Clinical Interests:

- Neuropsychological evaluation for adults with a wide range of neurocognitive, psychiatric, and medical disorders
- Cognitive-compensatory skills training for adults with MCI to improve everyday functioning

Research Interests:

- Neuropsychology and everyday functioning of aging, MCI, and dementia

- Assessment and rehabilitation of cognitive and functional declines in older adults using in-home technologies

Email: Adriana.Hughes@va.gov; amseelye@umn.edu
Phone: 612.467.4537

Greg Lamberty, Ph.D., ABPP

Dr. Lamberty is a staff neuropsychologist in Rehabilitation and Extended Care (REC). His primary roles are with the Parkinson's Disease and Movement Disorders team and the Intensive Evaluation and Treatment Program (IETP), he is also a co-investigator with the TBI Model Systems program. Dr. Lamberty has an appointment as an Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. He has authored/edited three texts on a range of clinical and professional topics in clinical neuropsychology. He is a former resident of the American Academy of Clinical Neuropsychology and has been actively involved in advocacy for the field of clinical neuropsychology, including establishing the AACN annual conference and the AACN Foundation, which funds outcomes research in neuropsychology. Dr. Lamberty has been involved with establishing research programs and databases in Mental Health and REC.

Clinical/ Training Interests:

- Neuropsychological evaluation
- Normal pressure hydrocephalus and deep brain stimulation (DBS) interventions
- Supervision of neuropsychological assessments by interns and neuropsychology postdoctoral residents

Research Interests:

- Outcomes in Rehabilitation and Clinical Neuropsychology
- Impact of somatoform symptoms/presentations on neuropsychological assessment
- Assessment of patients with complex medical/psychological issues

Email: gregory.lamberty@va.gov
Phone: 612.629.7586

Tasha Nienow, Ph.D.

Dr. Nienow is a psychologist in the Minneapolis VA Health Care System and an Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. Her research has focused on examining the efficacy and mechanisms by which psychosocial, recovery-oriented interventions impact symptom severity, cognition, and psychosocial functioning in individuals with serious mental illness. She has been a PI on two VA Rehabilitation Merit Awards examining the impact of cognitive training and neuromodulation interventions on cognition in individuals with schizophrenia. A second focus of her work has been on exploring the efficacy of social cognitive skills training to improve work role functioning among veterans with serious mental illness. Dr. Nienow has presented her research findings at

national and international conferences. She has served as a grant reviewer for Rehabilitation Research and Development Merit and SPiRE Review panels. Dr. Nienow provides research mentorship to psychology interns and postdoctoral residents as well as undergraduate and graduate students. Clinically, she provides evidenced-based interventions, including cognitive-behavioral therapy, family psychoeducation, Integrative Behavioral Couples Therapy, and cognitive and behavioral skills training groups. Within the VA system, Dr. Nienow has served as a national consultant and trainer in Multiple Family Group Therapy. She also provides service to the American Psychological Association as a member of the Task Force on Serious Mental Illness and Severe Emotional Disturbance and chair of the Research and Practice Committee for the Serious Mental Illness Psychology Specialty Council.

Clinical Interests:

- Family psycho-education and family education interventions for patients with serious mental illness (Multiple Family Group Therapy, Behavioral Family Therapy, Support and Family Education)
- Couples therapy (Integrative Behavioral Couples Therapy)
- Cognitive-behavioral therapy
- Cognitive and behavioral skills training for individuals with serious mental illness (Cognitive Behavioral Social Skills Training, Social Cognition and Interaction Training, Action-Based Cognitive Remediation)
- Moral injury (Adaptive Disclosure-Enhanced)

Research Interests:

- Efficacy of cognitive training and neuromodulation techniques to modify cognitive performance
- Cognitive and social-cognitive predictors of psychosocial functioning in individuals with serious mental illness
- Development of skills training interventions to improve role functioning among individuals with serious mental illness

Email: tasha.nienow@va.gov
Phone: 612.467.1004

Melissa Polusny, Ph.D.

Dr. Polusny is a staff psychologist/clinician investigator at the Minneapolis VA Medical Center. She is also a Core Investigator in the Care Delivery and Outcomes Research (CCDOR), a VA Health Services Research & Development Center of Innovation. She holds a joint appointment as Professor in the Department of Psychiatry & Behavioral Sciences at the University of Minnesota Medical School. Dr. Polusny has been the Principal Investigator/Co-Principal Investigator (PI/Co-PI) of multiple grants funded by sources such as VA HSR&D, VA CSR&D, DOD, and NIH. She has published over 100 peer-reviewed publications in the areas of psychological trauma and posttraumatic stress disorder (PTSD). Her program of research focuses on the longitudinal study of risk and resilience processes

contributing to post-deployment adjustment among National Guard service members and their families. Dr. Polusny is currently PI of an NCCIH funded multi-level longitudinal study of over 3,400 National Guard Soldiers examining mechanisms of resilience. She is also currently Co-I on numerous other federally funded grants investigating treatment for PTSD. She has served as primary mentor for multiple investigators funded by VA HSR&D Career Development Awards.

Clinical Interests:

- Provide evidence-based assessment and treatment of PTSD
- Served 10 years as national consultant and trainer in Prolonged Exposure (PE) Therapy
- Clinical supervision of PE
- Research training and mentoring of psychology interns and postdoctoral fellows

Research Interests:

- Longitudinal study of resilience and psychological risk factors associated with PTSD and post-deployment mental health
- Efficacy of psychological interventions for PTSD
- Psychological assessment of PTSD
- Dissemination/implementation of evidence-based treatments for PTSD

Email: melissa.polusnt@va.gov
Phone: 612.725.2125

Scott Sponheim, Ph.D.

Dr. Sponheim is a staff psychologist and clinician investigator at the Minneapolis VA Medical Center. At the University of Minnesota, he serves on the Graduate School Faculty, and holds appointments as a Professor in the Department of Psychiatry and an Adjunct Professor in the Department of Psychology. The goal of Dr. Sponheim's research is two-fold. The first is to characterize how genetic liability for schizophrenia is expressed in the cognitive functions, neural activity, and structure of the brain. The second is to detail essential characteristics of neural damage in blast-related mild traumatic brain injury (mTBI) and distinguish them from the effects of psychological conditions often associated with traumatic events. As Principal Investigator on projects totaling over $20 million in competitively awarded direct research funding, he has carried out inquiries into the basis of brain disorders for the past two decades at the Minneapolis VA Medical Center. In these studies, he has used electrophysiological and neuroimaging measures (magneto-encephalography, structural and functional magnetic resonance imaging) to better understand the biological basis of the conditions. He has also characterized points of genetic variation in risk genes for these conditions to examine how genes create vulnerability and affect disorder expression. Most recently this work has included use of multiple imaging modes to better describe the spatial and temporal aspects of brain abnormalities underlying psychopathology and neurological conditions. In addition to

supervising trainees at the Minneapolis VA Medical Center in clinical work and research, he has been an advisor to over 20 undergraduates and eight doctoral students at the University of Minnesota and his laboratory has generated data for ten doctoral dissertations.

Clinical Interests:

- Evidence-based interventions for severe and persistent mental disorders
- Family Psychoeducation for Schizophrenia and Bipolar Disorder

Research Interests:

- Family studies of schizophrenia and bipolar disorder to understand factors that reflect genetic liability for the disorders.
- Neural underpinnings of endophenotypes in schizophrenia.
- Differentiation of mild TBI from effects of deployment-related mental disorders in the brain.
- Use of multimodal neuroimaging methods to improve spatial and temporal characterization of brain responses.
- Dynamic and interactive aspects of brain activity in mental disorders.

Email: sponh001@umn.edu
Phone: 612.467.3916

Brittany Stevenson, Ph.D.

Dr. Stevenson is a staff psychologist in Addiction Recovery Services and a research investigator at the Minneapolis VA Health Care System. Dr. Stevenson's research uses mobile devices to assess substance use and related problems and leverages these real-time assessments to deliver personalized feedback and interventions for substance use.

Clinical interests:

- Integrating treatment for substance use and comorbid conditions
- Using mobile health (mHealth) and apps to increase treatment engagement and skills use
- Individualizing treatment recommendations using technology

Research interests:

- Using ecological momentary assessment (EMA) to assess substance use and other relevant information repeatedly over time in participants' real-life settings
- Predictors of substance use (and other addictive behaviors) in real life: mood, comorbid symptoms (e.g., trauma reminders), and using technology to intervene when these predictors are present
- Idiographic analyses (i.e., individual models), which are then applicable to personalized treatment

Email: Brittany.Stevenson@va.gov

Phone: 612-467-3023

Snežana Urošević, Ph.D.

Dr. Urošević is a clinician investigator and a program manager of the Clinician Investigator Team at the Minneapolis VA Health Care System. At the University of Minnesota, she holds an appointment of an Assistant Professor in the Department of Psychiatry & Behavioral Sciences and a faculty member of the Center for Neurobehavioral Development. Overarching aim of her research is to identify prospective predictors of illness course in bipolar disorders (e.g., prospective predictors of bipolar episodes) and refine our understanding of neurobehavioral mechanisms driving bipolar symptoms in order to develop more effective treatments. More specifically, Dr. Urošević's research program focuses on investigating neurobehavioral abnormalities in reward processing (i.e., behavioral approach system dysregulation) and cognitive control in bipolar disorders across the lifespan. She particularly investigates these neurobehavioral processes during life periods of significant brain changes either due to adolescent maturation or due to aging. A more recent focus of Dr. Urošević's research has been using digital phenotyping methods, including passive monitoring through mHealth means, to identify prospective predictors of changes in illness course and psychosocial functioning among Veterans with bipolar disorders. To answer pertinent scientific questions, Dr. Urošević relies on a variety of methods, such as functional and structural magnetic resonance imaging (MRI), EEG, behavioral tasks, digital phenotyping, and self-report measures.

Clinical Interests:

- Evidence-based interventions for mood disorders, particularly bipolar disorders
- Individual and group psychotherapy for severe mental health conditions
- Cognitive behavioral therapy (CBT) and the third wave of CBT approaches (e.g., dialectical behavior therapy)

Research Interests:

- Neural and behavioral mechanisms of psychopathology in bipolar disorders across the lifespan
- Psychosocial and neuroscience-based predictors of prospective course in bipolar disorders
- Digital phenotyping and mHealth approaches to predicting symptom and psychosocial functioning changes in bipolar disorders

Email: Snezana.Urosevic@va.gov
Phone: 612.467.3897

Other Faculty Staff

The following staff are not available to serve in a role of independent staff preceptor in the coming year but lead independent projects and are integrated in research endeavors within the Minneapolis VA Health Care System.

Nicholas Davenport, Ph.D.

Dr. Davenport is a researcher at the Minneapolis VA Health Care System primarily focused on mental health conditions affecting recent Veterans. He also holds an Assistant Professor appointment at the University of Minnesota in the Department of Psychiatry and Behavioral Sciences, where he conducts research involving MRI and non-invasive neuromodulation (TMS, tDCS). For the past decade, Dr. Davenport's focus has been on the long-term effects of mild traumatic brain injury (mTBI) and related conditions (e.g., PTSD). He is especially interested in the ways persistent mental health symptoms contribute to retrospective reporting of mTBI events, as well as the ways an mTBI event can influence vulnerability to mental health outcomes.

Research Interests:

- Long-term effects of mild TBI on brain circuitry
- Mental health correlates of blast-related trauma
- Development of diagnostic tools for remote mTBI that reduce reliance on retrospective recall of subjective experiences immediately following periods of altered consciousness
- Novel interventions for persistent symptoms of mTBI and PTSD (e.g., sleep disruption, impaired attention)

Email: nicholas.davenport@va.gov; daven012@umn.edu
Phone: 612-467-4791

Craig Marquardt, Ph.D.

Dr. Marquardt is a graduate psychologist and clinician investigator at the Minneapolis VA Health Care System. His research focuses on psychological resilience to life stressors modeled using longitudinal survey methods, real world performance of psychological assessment tools (e.g., program evaluation projects), and neural markers of emotion and cognition in the context of PTSD. Clinically, he is actively involved in the assessment and evidenced-based treatment of anxiety, depression, and trauma- and stressor-related disorders in the outpatient clinics of the Minneapolis VA Health Care System.

Clinical Interests:

- Cognitive behavioral therapy (CBT).
- Prolonged exposure (PE), and exposure and response prevention (ERP) therapy.
- Mindfulness.
- Third-wave psychotherapy approaches such as dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT).
- Clinical assessment (e.g., MMPI).

Research Interests:

- Personality and dimensional models of psychopathology.
- Developmental psychopathology.

- Cognitive/affective neuroscience.
- Electroencephalography (EEG) and the event-related potential (ERP) technique.
- Memory and attention.

Current Grants and Current Research Projects

The Psychology Staff Clinician Investigators at the Minneapolis VA Medical Center offer opportunities to be involved in cutting edge research across a range of areas including psychological assessment, personality and psychopathology, behavioral genetics, neuropsychology, and randomized clinical trials evaluating treatment modalities.

The Application Process

Eligibility

Applicants must meet the following prerequisites to be considered for our postdoctoral training program:

- Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA), the Canadian Psychological Association (CPA). Or the Psychological Clinical Science Accreditation System (PCSAS) before the start date of the residency
- Completion of an APA-accredited psychology internship program
- U.S. citizenship.
- Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen.
- Male applicants born after 12/31/1959 must have registered for the draft by age 26
- Those selected are required to meet the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility. Selected applicants must verify they have satisfactory health to perform the duties of the clinical training program, a recent TB screen, and Hepatitis B vaccination or signed declination waivers. Please click on the following link for more detailed information on eligibility to train in a VA setting.

*** Failure to meet these qualifications could nullify an offer to an applicant.

Selection Process

We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship, strong entry-level professional skills in standard assessment, intervention, and research techniques, and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The Minneapolis VA Health Care System in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic

backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. The program also values applicants who have experience and skills in the domains of diversity knowledge, awareness, and sensitivity. These factors may be indicated on their application.

Applications are reviewed by each respective postdoctoral focus or specialty area staff and the Training Directors. Following this initial review, highly ranked applicants will be invited to interview.

The Minneapolis VAHCS Postdoctoral Residency programs are following all aspects of the APPIC Postdoctoral Selection Standards and Common Hold Date. Applicants who are no longer under consideration will be notified by email by the last day of January. We expect that interviews will be complete by the first full week of February and that we will start making offers about that time. Applicants are strongly encouraged to utilize the resources developed by APPIC Postdoctoral Committee to prepare themselves for the postdoctoral application and selection process.

For specialty **Clinical Neuropsychology** applicants, we do participate in the **APPCN** Match.

Interviews

Virtual interviews are required of all applicants who make the final selection round. We are not offering any in-person interviews or visits. Invitations to interview typically go out mid-January.

The decision to not offer any in-person interviews or visits is also based on our awareness and sensitivity to the social justice implications, including but not limited to the pressure applicants feel to take advantage of in-person options when they are made available. The economic burden this places on applicants is not warranted given the known effectiveness of virtual options. This decision is also supported by recent APPIC surveys of programs and applicants. During the COVID-19 pandemic, we learned that virtual interviews are a very effective modality for both programs and applicants to get the information needed for program and applicant rankings.

For clinical neuropsychology applicants, in past years, interviews have mostly occurred at the INS (International Neuropsychological Society) meeting in early February. Based on safety and other factors, we may be offering optional in-person interviews during INS.

Our public materials will be updated mid-fall 2021 with more details regarding the interview format and structure.

Training Term

The postdoctoral residency is full-time for one year for clinical psychology residents and two years for neuropsychology and rehabilitation psychology residents, beginning in August and ending at about that same time the following year. We can be flexible depending on when your internship ends. The work-week is 40 hours per week.

Stipend and Benefits

For the upcoming year, we expect to receive funding for six full-time postdoctoral positions (three as part of the accredited clinical psychology program, one as part of our accredited rehabilitation psychology program, and two (first and second year) neuropsychology positions. The current stipend is $56,163 per year. In neuropsychology and rehabilitation psychology, the stipend for the second year resident is $59,199 per year. State and federal income tax and FICA (Social Security) are withheld from residents' checks. Residents are entitled to 10 federal holidays and earn sick leave and vacation days at a rate of four hours of each per two-week pay period. Residents are encouraged to use all of their annual leave before completion of the training year. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences and workshops or other continuing education activities. Postdoctoral residents are not covered by Federal Employee retirement and are not eligible for federal life insurance benefits but are eligible for health insurance benefits.

Parental Leave: While we do not allocate a fixed amount of time for parental leave, trainees may use accrued annual or sick leave. Additional leave without pay can be arranged based on individual circumstances considering all factors, including that the individual is part of a formal training program and prolonged absences can interfere significantly with training. Any leave without pay must be made up by extending the training year(s).

Postdocs are also eligible to apply for the VA Child Care Subsidy Program. Click on the link for more information. The program is also review in Human Resources Orientation on the first day of internship.

Policies

The Minneapolis VAHCS postdoctoral residency training program follows the guidelines set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC). You will find a copy of the Selection Standards in effect for this application year at the APPIC

website.

In accord with the Federal Drug-Free Workplace Program, residents accepted here may be asked to submit a urine specimen at the beginning of the training year. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

It is the policy of the Minneapolis VAHCS postdoctoral residency that selected applicants must have successfully defended their dissertation and must complete all other doctoral degree requirements before they begin their residency. Selectees, under extraordinary circumstances, may petition the Training Committee for up to two 30-day extensions. If granted, the start date would be delayed, and the resident would be required to extend his or her traineeship period (possibly without compensation) in order to achieve the required number of supervised hours to complete the residency. Selectees who are denied an extension or are unable to begin the residency within 60 days of their original start date will be deselected from the program. In this unusual circumstance, alternative candidates may be contacted to fill the position as quickly as possible.

The Minneapolis VAHCS postdoctoral residency selects applicants who are committed to an extra year (2 years for neuropsychology) of focused training and supervision and are dedicated to completing that training.

Both the Clinical Psychology and Clinical Neuropsychology program are using the APPA CAS (APPIC Psychology Postdoctoral Application - Centralized Application System). Click on the following link to access the APPA CAS. (not yet available).

Application Steps for the Clinical Psychology, Rehabilitation Psychology, and Clinical Neuropsychology Programs:

Click on the following link to access the APPA CAS (APPIC Psychology Postdoctoral Application). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate programs (focus area or specialty) within the Minneapolis VAHCS. Programs (focus area or specialty) may have unique requirements including cover letters and work samples that can be uploaded. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. Note: APPA CAS refers to letters of recommendation as "Evaluations). The specific requirements for the Minneapolis VAHCS programs are indicated below as well as within the APPA CAS system. More explicit instructions can be found within APPA CAS.

The following application requirements must be included (uploaded) in the APPA CAS for all Minneapolis VAHCS program designations (emphasis area or specialty):

1. Cover letter describing your career goals and a detailed description of how the postdoctoral residency at the Minneapolis VAHCS will help you achieve those goals. Make sure to include information pertaining to your experience with interventions, particularly empirical based or supported interventions, psychological assessment, and your research/scholarly experience. We acknowledge that neuropsychology applicants may have less intervention experience.
2. Given our program's strong emphasis on diversity, we ask that applicants read our program philosophy on diversity. With this in mind, in your cover letter, we invite you to include two to three paragraphs on what do you feel you could contribute to your postdoc site or class in the domains of diversity knowledge, awareness, and sensitivity. You should discuss explicitly the skill(s) you possess, how you use these in your clinical practice and/or research, and how you might use these in a practical manner to promote concrete changes within programs, institutions and/or professional organizations.
3. We invite applicants to also identify themselves as representing an element of diversity including but not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Disclosing this information is entirely voluntary. If you choose to disclose an element of diversity, this information could be integrated in your response to item "2" above.
4. Vita
5. Three letters of recommendation. At least one of these must be from an internship supervisor.
6. Letter from your dissertation chair or your doctoral program Director of Training (DOT) regarding dissertation status and anticipated completion date. If your dissertation chair or DOT is one of your three letters of recommendation, this information can be included in that letter.
7. De-identified work sample - a comprehensive integrated psychological assessment report. Make sure the report is **de-identified** according to HIPPA Standards *. If raw data are available, please include them. Clinical Neuropsychology applicants must submit a neuropsychological assessment.

- The deadline for completed applications is **December 15th** for all programs **except** clinical neuropsychology which has an application deadline of **January 1st.** All materials must be received by this date in order to be considered.
- Except under very unusual circumstances, all application materials must be submitted through the APPA CAS. Please contact us by telephone or E-mail if you have further questions.

Contact Information

Wayne Siegel, Ph.D., ABPP
Director of Training/Psychology Supervisor
Telephone: (612) 467-4024
E-mail: Wayne.Siegel@va.gov

Amanda Ferrier-Auerbach, Ph.D., ABPP
Assistant Director of Training
Telephone: (612) 629-2195
E-mail: Amanda.Ferrier-Auerbach@va.gov

Staff – Psychology Minneapolis VAHCS

Click on the following link to open a bookmarked PDF of all staff.
Go to Staff and Faculty Information

Current and Past Residents

2023-2024 Class

Adam Deboer, Ph.D., Interned at VA Pittsburgh Healthcare System, Wheaton College (1st year Neuropsychology Specialty)
Claire Guidinger, Ph.D., Interned at the Minneapolis VAHCS, University of Oregon
Richard Nelson, Ph.D., Interned at the Alexandria, LA VAHCS, Mississippi State University
Alexandra Trofimova, Ph.D., Interned at Edward Hines VAHCS, Loma Linda University (2nd year Neuropsychology Specialty)
Jonathan Tsen, Ph.D., Interned at University of Washington School of Medicine, Illinois Institute of Technology (2nd year Rehabilitation Psychology Specialty)

2022-2023 Class

Hina Batool, PsyD., Interned at North Memorial Health/St. Thomas, University of St. Thomas
Luke Hansen, Psy.D., Interned at HealthEast Care System, University of St. Thomas (2nd year Neuropsychology Specialty)
Jenny Lee, Ph.D., Interned at Minneapolis VAHCS, University of Tulsa, Clinical Psychology
Amanda Peterson, Ph.D., Interned at Minneapolis VAHCS, University of South Florida, Clinical Psychology
Alexandra Trofimova, Ph.D., Interned at Edward Hines VAHCS, Loma Linda University Thomas (1st year Neuropsychology Specialty)
Jonathan Tsen, Ph.D., Interned at University of Washington School of Medicine, Illinois Institute of Technology (1st year Rehabilitation Psychology Specialty)

2021-2022 Class

Robert Curland, Ph.D., Interned at Marin County, Department of Health and Human Services, Palo Alto University
Luke Hansen, Psy.D., Interned at HealthEast Care System, University of St. Thomas (1st year Neuropsychology Specialty)
Katelyn E. Heyrman, Ph.D., Interned at Zablocki VA Medical Center, Milwaukee, WI, University of Wisconsin-Milwaukee (2nd year Rehab Specialty)
Sara Himmerich, Ph.D., Interned at Minneapolis VA Health Care System, Northern Illinois University
Alexandra Lipinski, Ph.D., Interned at Durham VA Health Care System, University of Memphis
Matthew P. Marggraf, Ph.D., Interned at the VA Maryland Healthcare System, Indiana University-Purdue University (2nd year Neuropsychology Specialty)

2020-2021 Class

Natasia Adams, Ph.D., MPH, Interned at Rush University Medical Center, University of

Kansas Behavioral Sciences
Allison Battles, Ph.D., Interned at the Minneapolis VA Healthcare System Virginia Consortium in Clinical Psychology, Clinical Psychology
Katelyn E. Heyrman, Ph.D., Interned at Zablocki VA Medical Center, Milwaukee, WI, University of Wisconsin-Milwaukee (1st year Rehab Specialty)
Kristin Maple, Ph.D., Interned at the VA Maryland Healthcare System, University of Wisconsin – Milwaukee (2nd year Neuropsychology Specialty)
Matthew P. Marggraf, Ph.D., Interned at the VA Maryland Healthcare System, Indiana University-Purdue University (1st year Neuropsychology Specialty)
Erik Wing, Ph.D., Interned at the University of Arizona College of Medicine, Tucson, AZ, The University of Kansas

2019-2020 Class

Kate Finn, Psy.D., Interned at the St. Cloud VA Health Care System, University of St. Thomas
Laura (Kiki) Hachiya, Ph.D., Interned at the University of Wisconsin Hospital and Clinics, Arizona State University (2nd year Rehab Specialty)
Jacqueline Layton, Ph.D., Interned at the Fargo VA Health Care System, Texas Tech University
Kristin Maple, Ph.D., Interned at the VA Maryland Healthcare System, University of Wisconsin – Milwaukee, (1st year Neuropsychology Specialty)
Holly McKinley, Psy.D., Interned at the Minneapolis VA Health Care System, California Lutheran University
Brittni Morgan, Ph.D., Interned at the Salem VA Medical Center, Ohio University, (2nd year Neuropsychology Specialty)

2018-2019 Class

Sarah Baumgartner, Ph.D., Interned at the Minneapolis VA Health Care System, Illinois Institute of Technology, (2nd year Neuropsychology)
Devin Hanson, Ph.D., Interned at the Ann Arbor VA Healthcare System, Wayne State University (SMI Focus)
Laura (Kiki) Hachiya, Ph.D., Interned at the University of Wisconsin Hospital and Clinics, Arizona State University (1st year Rehab Specialty)
Brittni Morgan, Ph.D., Interned at the Salem VA Medical Center, Ohio University, (1st year Neuropsychology)
Merav Silverman, Ph.D., Interned at the Minneapolis VA Health Care System, University of Minnesota (Trauma Focus) *Helen Valenstein-Mah, Ph.D.,* Interned at the Minneapolis VA Health Care System, University of Washington (Primary Care Focus)

2017-2018 Class

Heather Bemmels, Ph.D., Interned at VA Portland Health Care System, University of Minnesota, Counseling Psychology
Angela Benavides, Ph.D., Interned at the Albany Medical Center, University of Buffalo (2nd year Rehab Psychology Resident*)*

Sarah Baumgartner, Ph.D., Interned at the Minneapolis VA Health Care System, Illinois Institute of Technology, Clinical Psychology (1st year Neuropsychology Resident)
Shani Ofrat, Ph.D., Interned at the Minneapolis VA Health Care System, University of Minnesota, Clinical Psychology
Sarah Reinhart, Ph.D., Interned at Southwest Consortium, University of Illinois, Urbana Champaign, Clinical Psychology
Orlando Sanchez, Ph.D., Interned at Miami/Jackson Memorial Hospital, Seattle Pacific University (2nd year Neuropsychology Resident)

2016-2017 Class

Angela Benavides, Ph.D., Interned at the Albany Medical Center, University of Buffalo
Maryanne Edmundson, Ph.D., Interned at the Minneapolis VA Health Care System, University of Kentucky (2nd year Neuropsychology Resident)
Nayla Hamdi, Ph.D., Interned at the Minneapolis VA Health Care System, University of Minnesota
Sharada Lakhan, Psy.D., Interned at the Indian Health Board, Minneapolis, University of St. Thomas
Orlando Sanchez, Ph.D., Interned at Miami/Jackson Memorial Hospital, Seattle Pacific University (1st year Neuropsychology Resident)
Emily Sheiderer, Ph.D., Interned at the VA Puget Sound, American Lake, University of Missouri, Columbia

2015-2016 Class

Daniel Conybeare, Ph.D., Interned at the Minneapolis VA Health Care System, University of Illinois – Chicago
Maryanne Edmundson, Ph.D., Interned at the Minneapolis VA Health Care System, University of Kentucky (1st year Neuropsychology Resident)
Jennifer Hames, Ph.D., Interned at the Minneapolis VA Health Care System, Florida State University
Peter Keenan, Psy.D., Interned at the VA Illiana Health Care System, Counseling Psychology, University of St. Thomas (2nd year Neuropsychology Resident)
Julia Langer, Ph.D., Interned at Hennepin County Medical Center, Washington University - St. Louis

2014-2015 Class

Lindsay Andrews Wiebusch, Ph.D., Interned at the Southern Arizona VA Health Care System, Counseling Psychology, The University of Southern Mississippi
Efrat Eichenbaum, Ph.D., Interned at the Minneapolis VA Health Care System, Clinical Psychology, Drexel University
Jackie Henry, Psy.D., Interned at the University of St. Thomas Counseling Services, Counseling Psychology, University of St. Thomas
Peter Keenan, Psy.D., Interned at the VA Illiana Health Care System, Counseling Psychology, University of St. Thomas (1st year Neuropsychology Resident)

Ivy Miller, Ph.D., Interned at the Minneapolis VAHCS, Clinical Psychology, Boston University (2nd year Neuropsychology Resident)
Thomas Quinlan, Ph.D., Interned at the Minneapolis VAHCS, Clinical Psychology, SDSU/UCSD Joint Doctoral Program

2013-2014 Class

Carolyn Anderson, Ph.D., Interned at the Minneapolis VAHCS, Washington State University, Clinical Psychology (2nd Year Neuropsychology Resident).
Ivy Miller, Ph.D., Interned at the Minneapolis VAHCS, Clinical Psychology, Boston University (1st year Neuropsychology Resident)
Samuel Hintz, Ph.D., Interned at the Canvas Health, Counseling Psychology, University of Minnesota Counseling Program
Sandra Shallcross, Ph.D ., Interned at the Minneapolis VAHCS, Counseling Psychology, University of Minnesota
Melissa Mattson, Ph.D ., Interned at the Veterans Affairs S. Louis Healthcare System, Clinical Psychology, Illinois Institute of Technology/Institute of Psychology
Ethan McCallum, Ph.D., Interned at the Minneapolis VA, Clinical Psychology, University of Missouri - St. Louis

2012-2013 Class

Carolyn Anderson, Ph.D ., Interned at the Minneapolis VAHCS, Washington State University, Clinical Psychology (1st Year Neuropsychology Resident).
Erin Koffel , Ph.D., Interned at the Minneapolis VAHCS, University of Iowa, Clinical Psychology.
Marielle Divilbiss, Ph.D., Interned at Hennepin County Medical Center, Kent State University, Clinical Psychology.
Eric Neumaier, Ph.D., Interned at the Denver Health Medical Center, University of Wisconsin, Madison, Counseling Psychology.
Torricia Yamada, Ph.D., Interned at Massachusetts General Hospital/Harvard Medical, University of Iowa, Counseling Psychology (2nd Year Neuropsychology Resident).

2011-2012 Class

Bridget Doane, Ph.D., Interned at Minneapolis VAHCS, The University of Alabama, Clinical Psychology.
Margaret Gavian, Ph.D., Interned at Minneapolis VAHCS, The University of Minnesota, Counseling Psychology.
Jessica Jones, Ph.D., Interned at Hazelden Foundation, The University of Minnesota, Clinical Psychology.
Rebecca Mayor, Ph.D., Interned at Missouri Health Sciences Psychology Consortium, Marquette University, Counseling Psychology.
Torricia Yamada, Ph.D., Interned at Massachusetts General Hospital/Harvard Medical, University of Iowa, Counseling Psychology (1st Year Neuropsychology Resident).

2010-2011 Class

Bridget Doane, Ph.D., Interned at Minneapolis VAHCS, The University of Alabama, Clinical Psychology. *Jaime Gonzalez, Ph.D.,* Interned at VA Puget Sound, University of Nebraska, Counseling Psychology.
Elizabeth Nelson, Ph.D., Interned at Minneapolis VAHCS, University of Wyoming, Clinical Psychology.
Laura Rusch, Ph.D., Interned at Duke Univ. Medical Center, University of Wisconsin, Clinical Psychology

2009-2010 Class

James Hoelzle, Ph.D., Clinical Psychology, Interned at Rush University Medical Center, Chicago, IL. (2nd year in Neuropsychology), University of Toledo
Jamie Lindberg, Psy.D., Clinical Psychology, Interned at Minneapolis VAHCS, Argosy University, Minneapolis.
Emily Voller, Ph.D., Clinical Psychology, Interned at Minneapolis VAHCS, Oklahoma State University.
Aaron Joyce, *Ph.D.,* Clinical Psychology, Interned at Southwest Consortium, Univ. of St. Louis.

2008-2009 Class

Martina Rodgers, *Ph.D.,* Clinical Psychology, Interned at Minneapolis VAHCS, University of Washington.
Lindsay King, *Ph.D.,* Clinical Psychology, Interned, Hennepin County Medical Center, Minneapolis, University of Eastern MI.
James Hoelzle, *Ph.D*., Clinical Psychology, Minneapolis VAHCS, Rush University Medical Center, Chicago, IL., Univ of Toledo (1st year in Neuropsychology)
Paul Heideman, Ph.D., Clinical Psychology, Interned at Medical University of South Carolina/Charleston VA, University of Wisconsin, Milwaukee

2007-2008 Class

Stephanie Burcusa, Ph.D., Clinical Psychology, University of Minnesota, Interned at Hennepin County Medical Center.
Amanda Ferrier, *Ph.D.,* Counseling Psychology, University of Albany SUNY. Interned at the White River Junction VA Medical Center.
Henry Ogden, Psy.*D.,* Counseling Psychology, University of St. Thomas, Interned at University of St. Thomas Counseling Center.

2006-2007 Class

Megan Adams, *Ph.D.,* Counseling Psychology, Colorado State University, Interned at Minneapolis VAHCS.
Laura Meyers, Ph.D., Clinical Psychology, University of South Carolina, Interned at Bay Pines VAMC.
Kelly Petska, Ph.D., Counseling Psychology, University of Nebraska, Interned at Phoenix

VAMC.

2005-2006 Class

Kimberly Kalupa, Ph.D., Clinical Psychology, Uniformed Services University of the Health Sciences, Interned University of Florida, Gainesville.
Maureen Kennedy, PsyD., Counseling Psychology, University of St. Thomas, Interned at Minneapolis VAHCS.

2004-2005 Class

Becky Parker, Ph.D., Clinical Psychology, University of Arkansas, Interned at Minneapolis VAHCS.
Erica Johnsen, Ph.D., Clinical Psychology, University of Iowa, Interned at Minneapolis VAHCS.

2003-2004 Class

Jeff Buchanan, Ph.D., Clinical Psychology, University of Nevada - Reno, Interned at Minneapolis VAHCS.
Alan Landes, *Ph.D.,* Clinical Psychology, Kent State University.

Accreditation

The **Postdoctoral Residency Program in Clinical Psychology** at the Minneapolis VAHCS is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2028.

The **Postdoctoral Residency Program in Clinical Neuropsychology** at the Minneapolis VAHCS is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2028.

The **Postdoctoral Residency Program in Rehabilitation Psychology** at the Minneapolis VAHCS is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2028.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
E-mail: apaaccred@apa.org

Professional Information Links

Click on the Organization name to access their website.

American Psychological Association

750 First Street, NE Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE Washington, DC 20002-4242
202-336-5979

APPIC – Association of Psychology Postdoctoral and Internship Centers

733 15th Street NW Suite 719
Washington, DC 20005
(202) 347-0022

Minnesota Board of Psychology

2829 University Ave SE Suite 320
Minneapolis, MN 55414
Telephone: (612) 617-2230
Fax: (612) 617-2240

Minnesota Psychological Association

1711 West County Road B, Suite 310N Roseville, MN 55113-4036
Fax: 651-697-0439
MPA Office: (651) 697-0440